



Central California Regional Science Fair 2014-2015

PROJECT TITLE:

DIVISION:

JUNIOR

SENIOR

PROJECT CATEGORY:

CONTINUATION PROJECT

YES

NO

INDIVIDUAL PROJECT

TEAM PROJECT

PARTICIPANT

FIRST NAME:

LAST NAME:

ADDRESS:

CITY:

ZIP CODE:

PHONE NUMBER:

GENDER:

MALE

FEMALE

GRADE:

6TH

7TH

8TH

9TH

10TH

11TH

12TH

QUESTION OR PROBLEM:

STEP BY STEP DESCRIPTION
OF YOUR PROCEDURE:



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ALL INFORMATION ON PAGE 2 IS FOR RESTRICTED PROJECTS ONLY. IF YOUR PROJECT IS NOT RESTRICTED COMPLETE PAGE 1 ONLY AND SEND TO YOUR TEACHER.

EXPERIMENTATION START
DATE

EXPERIMENTATION END
DATE

EXPERIMENTATION
LOCATION

- HOME
- SCHOOL
- RESEARCH LAB
- FIELD
- OTHER

EXPERIMENTATION ADDRESS

RESTRICTED FORMS
NEEDED

- HUMAN PARTICIPANTS
- NON-HUMAN VERTEBRATE ANIMALS
- PATHOGENIC AGENTS
- CONTROLLED SUBSTANCES
- RDNA
- HUMAN OR ANIMAL TISSUE
- CHEMICALS
- HAZARDOUS EQUIPMENT