National History Day Application

Carlisle Area School District

SATURDAY, FEBRUARY 3, 2018 at Swartz Building

STUDENT INFORMATION

PLEASE PRINT CLEARLY

Name*_____
Last First Middle Initial

Grade_____Home Phone (____)-_____-_____E-mail Address_____

Home Address_____

City_____State_____Zip _____

***Groups should list group leader on front and other group members on the second sheet.**

SCHOOL INFORMATION

School Name: **Carlisle High School**

Address: **623 West Penn Street**

City: **Carlisle** State: **PA** Zip: **17013**

Phone: **(717) 240-6800** County: **Cumberland**

Name of Teacher: _____

E-mail Address of Teacher (required): _____

ENTRY FORM

Title _____

_____

Division: _____Senior (grades 9-12) _____Junior (grades 6, 7, 8)

Check items needed _____electrical outlet

Category of Entry (check **ONE** only)

_____Individual Exhibit _____Group Exhibit
_____Individual Performance _____Group Performance
_____Individual Media Presentation _____Group Media Presentation
_____Individual Website _____Group Website
_____ Historical Paper

I affirm that the entry submitted for competition was researched and developed during this school year. I understand that the History Day Committee and sponsors will not be responsible for loss or damage to exhibits and personal belongings during the day's activities.

_____ Individual Student or Group Leader Signature

_____ Parent's Signature

_____Teacher Signature (to approve entry)

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PLEASE PRINT CLEARLY:

Group Leaders' Name_____
School_____
Entry Title_____
(Please staple both sheets of application together before mailing so they do not get separated. Thank you.)

History Day Entry Sheet (other group members)

Name_____
Last First Middle Initial

Name_____
Last First Middle Initial

Name_____
Last First Middle Initial

Name_____
Last First Middle Initial

Name_____
Last First Middle Initial

Return applications by **Friday, JANUARY 5, 2018** to Mr. Wagner in McGowan.