National History Day Application
Carlisle Area School District
SATURDAY, FEBRUARY 8, 2020 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 (or back).

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)
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________________________________________________________________________
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Return applications by **MONDAY, JANUARY 6, 2020** to Mr. Wagner in McGowan.