

You Be The Chemist[®] CHALLENGE

Grades 5-8



Sign Your Class Up for Your Local Challenge!*

Date: _____

School: _____

Location: _____

School Address: _____

Organizer: _____

Organizer Contact Information:

School Phone: _____

Teacher: _____

Grade(s): _____

Number of Students: _____

(Please list number of students participating per grade if more than one grade is participating.)

*Return form to your Local Challenge Organizer.

www.chemed.org