



# Discovery Regional Science and Engineering Fair: 2023 Participant Registration, Grades K-8

You may register for the Discovery Science and Engineering Fair by filling out this form and mailing it to: South Sound STEM Fair Alliance  
PO Box 73232, Puyallup WA 98373

You will receive confirmation after we receive your registration. Please indicate how you wish to receive confirmation and other information (Select One):

By US Mail at \_\_\_\_\_ Adult Sponsor at address below \_\_\_\_\_ Parent at address below  
By Email Address: \_\_\_\_\_ Adult Sponsor at email below \_\_\_\_\_ Parent at email below  
\_\_\_\_\_ Other (name and address or email) \_\_\_\_\_

### PARTICIPANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Participant Email: \_\_\_\_\_ (if different from parent email)

Mailing Address for Awards (Address, city, WA, Zip Code) \_\_\_\_\_

<p><b>Indicate your Washington State County:</b></p> <p>_____ Clallam      _____ Grays Harbor          _____ Jefferson      _____ Kitsap          _____ Lewis      _____ Mason          _____ Pierce      _____ Thurston</p> <p>Other (please list) _____</p>	<p><b>Ethnicity, please select:</b></p> <p>_____ Asian American/Pacific Islander      _____ African American          _____ Latino/Hispanic American      _____ Multi-racial          _____ Native American/Alaska Native      _____ Caucasian American (White)          _____ Not Listed      _____ Unknown          _____ Prefer Not to Answer</p> <p><small>Note: We gather ethnicity data for a required report to the Society for Science as part of our affiliation obligation with ISEF. We do not associate names with this data.</small></p>
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Adult Sponsor Name (Can be parent, guardian, teacher or other) \_\_\_\_\_

Adult Sponsor Email \_\_\_\_\_ Adult Sponsor Phone Number \_\_\_\_\_

Sponsor is \_\_\_\_\_ Teacher      \_\_\_\_\_ Parent/Guardian      \_\_\_\_\_ Other

### IF SPONSOR IS NOT A PARENT/GUARDIAN, PROVIDE INFORMATION ON NEXT 3 LINES

1. Parent or Guardian Name  
\_\_\_\_\_

2. Parent/Guardian Address (Address, City, WA, Zip Code)  
\_\_\_\_\_

3. Parent/Guardian Email \_\_\_\_\_ Parent/Guardian phone number \_\_\_\_\_

**Finish on Page 2**

**SCHOOL AND PROJECT INFORMATION**

School District \_\_\_\_\_

School Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Project Title \_\_\_\_\_

**Project Description Limit 250 characters. Use additional paper if needed.**

When we receive your form we will notify you that you are registered. You will receive information regarding additional forms that need to be filled in and returned.

You may contact us at: [scifairdir@plu.edu](mailto:scifairdir@plu.edu) or by mail.

You may also register on line at: <https://www.plu.edu/scifair/>