DECLARATION OF INDEPENDENCE

YOUR TEAM MUST BRING TWO COPIES OF THIS FORM TO EACH TOURNAMENT.

School/Organiz	zation Name & Team Name						
Team Number:			Level:	EL	ML	SL	UL
Team Challeng	e						
solution but wh	d sign names of all team membe no are unable to attend today's p their absence on the signature li	performance should also be list					
1. Name:			Grade	/Age: _			
Signature:							
2. Name:			Grade	/Age: _			
Signature:							
3. Name:			Grade	/Age: _			
Signature:							
4. Name:			Grade	/Age: _			
Signature:							
5. Name:			Grade	/Age: _			
Signature:							
6. Name:			Grade	/Age: _			
Signature:							
7. Name:			Grade	/Age: _			
Signature:							
provided belo	rue or False for each statement w. A deduction may need to be We understand the rules of In	e assessed in order to be fai	-	-	-		ne space
TRUE FALSE	The research, ideas, and solu	tions for our Team Challenge P	Presentation are t	hose of	ONLY the	e team r	nembers
TRUE FALSE	All team members who work	ed on our Team Challenge so	lution are listed	above.			
TRUE FALSE Challenge we v	Please do not circle until y will be given at the tournament.	ou arrive at Instant Challenç	ge. We do not l	know ang	ything al	oout the	e Instant
	my/our knowledge, the above ling chemicals, will be handled a						- is team's
Team M	lanager Name (printed)	(signature)		-	D	ate	
Team Manager Name (printed)		(signature)		-	D	ate	