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POPSICLE STICK BRIDGE REGISTRATION FORM

What is your Team Name ?	
What Grade are you in?	
List everyone in your Team:	
Contact Person: (email and phone number)	Email: Phone:

Instruction:

Please type the information in the required fields of this form. **No Handwriting please.**
Save this file and **Rename the filename** to match your team name.

Email subject line: **EGBC Richmond / Delta NEGM Registration**

Send your email to: egbc.richmond@gmail.com

Attach the completed form and send!