

BRAINDANCE SUBMISSION FORM

If this form is not submitted with your project, your project will not be entered.

Please Print Clearly

First Name: _____

Last Name: _____

Middle Initial: _____

Home Phone: (_____) _____ - _____

Confirm Phone Number: (_____) _____ - _____

E-mail: _____

Confirm E-mail: _____

Project Title: _____

Please submit only one submission form per project. Please enter the names of any additional students here: _____

Enter your class name (example: Biology 1): _____

Select project category: Art Academic Mixed media

Enter your grade: _____

Enter your School's Name: _____

School Address: _____

City: _____ State: _____ Zip/Postal Code: _____

School Main Office Phone: (_____) _____ - _____

Enter your Teacher's Name: _____

Enter Teacher's Email: _____

Enter your Principal's Name: _____

We prefer to receive projects by electronic submission, but we will accept projects via mail or hand delivered.

Check the appropriate box below:

I will submit my project files via e-mail with this form to:

Paula Rego at Paula.Rego@hhchealth.org

I will mail or hand –deliver my project with this form to:

Paula Rego, Family Resource Center

Institute of Living – Carolina Cottage – 2nd Floor

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Hartford, CT 06106

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