National History Day--District 1 Competition
Central Virginia Community College
Registration Form

Please fill out form completely and return to: CVCC, History Day, 3506 Wards Rd, Lynchburg, VA 24502

STUDENT(S) NAME(S)

_____		_____	
Last	First	Last	First
_____		_____	
Last	First	Last	First
_____		_____	
Last	First	Last	First

SCHOOL

School Name: _____

Teacher's Name: _____

Entry/Paper Title: _____

Division: ___ Junior (grades 6-8) ___ Senior (grades 9-12)

CATEGORY OF ENRTY (Check only one)

___	Individual Documentary	___	Group Documentary
___	Individual Exhibit	___	Group Exhibit
___	Individual Performance	___	Group Performance
___	Web Site		
___	Research Paper		

I affirm that the entry submitted for competition is original and was researched and developed during the current school year. This entry is not plagiarized, nor created with or by any unauthorized party or parties. I understand that the History Day Committee and sponsors are not/will not be responsible for loss or damage to exhibits and personal belongings during the day's activities

_____

Individual Student or Group Leader Signature **Date**

_____

Teacher Signature (to approve entry) **Date**

Teacher's contact info (work phone/email): _____