

2005 Charlene Heisler Prize Entry Form



Group Category

For group entries, all group members must provide names and signatures. One of the group members must also act as a contact person for the group.

Title of Entry				
Group Members				
First Name Sur	name	School Year	Male/Female	
* Please write the name of the n Nominated Contact D		n first.		
Street Address				
Suburb	State		Postcode	
Email Address		Contact	Phone Number	
School Name		Sci	nool Year/s	
School Address				
Suburb	State	Pos	stcode	
School Telephone	Scho	ol Fax		

Declaration of Originality

(Must be signed	I by the students and a t	teacher or school re	epresentative)		
I,the work entitle	<u></u>	the teacher of the	students whose def	tails appear on th	nis entry form believe
	I product by the students	S. Date			
Student Do	eclaration				
We,		,,	,		
				nembers here)	
	s of the work entitled:			,	
	be our own work. In sub perty of the Astronomica				
Please note	that entries will not be	returned.			
Please forward	your entry, no later than	Monday 15 Augu	ust 2005 to:		
	Charlene Heisler Priz Australia Telescope Headquarters PO Box 76 Epping, NSW, 1710				
Checklist Please make	sure you check you	ur submission ag	gainst this check	list before pos	ting off your entry.

All sections on the Entry Form have been filled in
The nominated group contact person has provided contact details
Our form is signed by all group members and a school representative
We have read all the requirements for entry
Our CD-Rom is included and has my name on it
The CD-Rom be read by a computer
All the associated images and other files are included
We have included the sources of all my information and images

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