



# Bright Ideas Showcase and Contest REGISTRATION FORM



**Instructions:** Print (or type) your information clearly.  
Please contact Marilyn at 888-384-8410 if you have any questions.

**Name of Project (Invention/Business Idea):** \_\_\_\_\_

*ONLY STUDENTS LISTED ARE ALLOWED TO BE PART OF THE PRESENTATION*

NAME		STUDENT #1	NAME		STUDENT #2	NAME		STUDENT #3
First	Last		First	Last		First	Last	
Grade			Grade			Grade		
Mailing Address			Mailing Address			Mailing Address		
City	State	Zip Code	City	State	Zip Code	City	State	Zip Code
Day Phone ( )	Evening Phone ( )		Day Phone ( )	Evening Phone ( )		Day Phone ( )	Evening Phone ( )	
Email Address			Email Address			Email Address		

**(Check One):**

- Invention – Working Model     
  Invention – Non Working Model     
  Invention – Crazy Contraption  
 Invention – Game     
  Invention – Jules Verne!     
  Business Idea

**PARENTAL CONSENT** *(This MUST be completed by a parent/guardian for each individual under the age of 18 to participate.)*

I, \_\_\_\_\_ hereby grant permission for my child \_\_\_\_\_ to participate  
(PARENT/GUARDIAN NAME) (APPLICANT'S NAME)

in the Bright Ideas Showcase and Contest. I further agree to assume all responsibility for any liability that may arise out of ordinary negligence or otherwise. I specifically give permission for Marketplace of Ideas/Marketplace for Kids, Inc. to contact \_\_\_\_\_ at \_\_\_\_\_  
(EMERGENCY CONTACT NAME) (TELEPHONE #)  
 in case of an emergency and I cannot be reached.

NAME OF CHILD \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE) DATE \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

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I, \_\_\_\_\_ hereby grant permission for my child \_\_\_\_\_ to participate  
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\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE) DATE \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

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\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE) DATE \_\_\_\_\_ TELEPHONE # \_\_\_\_\_