



HANDS ON HISTORY CONTEST – ENTRY FORM

http://clallamhistoricalsociety.com/hands-on-history

PARENT/GUARDIAN APPROVAL REQUIRED

PLEASE PRINT LEGIBLY

| | |
|--|--|
| Entrant's Name: | |
| School: | Division (Circle one): Junior, Gr. 6-8 / Senior, Gr. 9-12 Entrant's Grade |
| Email Address: | Preferred Phone number: Circle one: Mobile / home phone |
| Mailing Address: | |
| Please indicate the best way for us to contact you. | |
| Parent/Guardian Name: | |
| Email Address | Preferred Phone number: Circle one: Mobile / home phone |
| Mailing Address (if different from above): | |
| Please indicate the best way for us to contact you. | |
| Please list three (3) topics that you would like to research in order of preference -- #1 being first choice | |
| 1. | |
| 2. | |
| 3. | |

Parent/Guardian Permissions Required, Please circle Y (Yes) or N (no)

| | | |
|---|----------|----------|
| My child has permission to participate in the NOHC's Hands on History Contest | Y | N |
| <div style="display: flex; justify-content: space-between;"> _____ Date: </div> | | |
| I grant NOHC permission to take/use pictures of my child | Y | N |
| I grant NOHC permission to use my child's name in HoH Contest publicity | Y | N |
| I grant NOHC permission to publish my child's HoH contest paper with shared copyright | Y | N |

Completed forms must be received by 3:30 PM, Oct. 15, 2020
Scan or photograph the completed form and email to artifact@olyphen.com
Snail Mail to North Olympic History Center PO Box 1327, Port Angeles, WA 98362
Hand Deliver to 931or 933 W. 9th St. Port Angeles, WA

For general questions about the Hands on History contest or to access the NOHC Research Library resources, contact the NOHC Executive Director at artifact@olyphen.com or call 360-452-2662