

FIRST LEGO League (FLL)

Individual Application

CONTACT INFORMATION			
Applicant Name			
Date of Birth	Troop #		
Phone	E-mail		
Address	City		Zip Code
Girl Scout Level: □ Junior	☐ Cadette		
Parent/Guardian Name			
Parent Phone (if different from above)	Parent E-mail (if different from abo	ve)	
APPLICATION			
I understand that as a participant in FIRST L			
- including team meetings to design, build,			
Applicant's Signature		_	Date
I have read the 2016-17 FIRST LEGO League Info Sheet and understand the commitment my daughter will be making and the support I will be required to provide. My daughter has my permission to participate.			
Parent/Guardian's Signature			Date
Are you willing to act as coach for your da Are you willing to act as mentor for your		□Yes □ Yes	□ No □ No