

FIRST LEGO League Junior (FLL-Jr)!

Individual Application

| | CONTACT INFORMAT | ΓΙΟΝ | | |
|--|---------------------------|--------------------------|---------------|-------------------|
| Applicant Name | | | | |
| Date of Birth | Troop # | | | |
| Phone | E-mail | | | |
| Address | City | | | Zip Code |
| Girl Scout Level: ☐ Daisy | ☐ Brownie | □ Junio | r | |
| Parent/Guardian Name | | | | |
| Parent Phone (if different from above) | Parent E-mail (if differe | nt from above) | | |
| | APPLICATION | | | |
| I understand that as a participant in FIRST L | • • • | • | | |
| functions – including team meetings to desi | gn posters and conduct re | search – during the rob | otics se | eason. |
| Applicant's Signature | | | | Date |
| I understand the commitment my daughter has my permission to participate. | will be making and the su | pport I will be required | to pro | vide. My daughter |
| Parent/Guardian's Signature | | | | Date |
| Are you willing to act as coach for your da Are you willing to act as mentor for your | _ | | lYes l Yes | □ No □ No |