

RIC Form No. 03  
Series of 2011

2011 REGIONAL INVENTION CONTEST  
For Region \_\_\_\_\_

**ENTRY FORM**

**SIBOL AWARD**  
*(Student Creative Research Category)*

**CHECKLIST OF REQUIREMENTS PER ENTRY**

6 copies of *ENTRY FORMS*  
6 copies of *DETAILED INFORMATION/DESCRIPTION OF THE ENTRY*  
6 copies of Certification that their work is their own, new and original  
2 copies of *WAIVERS*

1. **TITLE OF ENTRY:** \_\_\_\_\_

2. **LEVEL**

( ) High School

( ) College

3. NAME OF CONTESTANT	AGE	YEAR	ADDRESS	TEL./FAX NO. CELLPHONE/ E-MAIL ADDRESS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. **SCHOOL:** \_\_\_\_\_

Address: \_\_\_\_\_

Head: \_\_\_\_\_ Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_

5. Has the entry been part of any contest before? ( ) YES ( ) NO  
If yes, where? \_\_\_\_\_ when? \_\_\_\_\_

6. Has the entry won any major prize (i.e. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> prize) in any Sibol Award in the past? **If yes**, please specify \_\_\_\_\_

7. In separate sheet/s please submit detailed information/description of entry (may include the technological and economic advantages of the entry over existing similar products, devices, machines or processes).
8. Please indicate approximate size/dimensions of working model/prototype/ products/exhibit materials and special requirements, if any.
9. Contestants are required to execute a Waiver (**RIC Form No. 04 - Waiver Form**) which forms part of this entry. Entries without waivers are automatically disqualified. Please use attached form.

**I / WE HEREBY CERTIFY** that the above answers given above are true and correct to the best of our knowledge and belief. Any fraudulent information provided will be a ground for disqualification or withdrawal of the award.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Adviser/s**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Contestant/s**

**Endorsed By:**

\_\_\_\_\_  
**Printed Name & Signature  
 of Endorsing Official/Position**

\_\_\_\_\_  
**SCHOOL**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**TEL./FAX NO.**

**Note:**

*Please submit this form together with the accomplished waiver form to the organizing DOST Regional Office not later than 5:00 p.m., on the Deadline of Submission of Entries.*