

MCAS DIY CONTEST FORM

Return paper or email copy to Christopher Newell (newellcr@yahoo.com)

Participant Name: _____

Entry Name: _____

Entry Description

_____ : _____

Presentation Time (in minutes): (Circle one) 2 5 10 Other - _____

Do you need MCAS to provide AV support, like a screen, projector, or computer? If so, describe it here.

If more than one entry, give this entry a priority number: (1, 2, 3, etc.) _____

Other:

