

ABCD WNY MODEL BRIDGE CONTEST ENTRY FORM

(This portion of the form must be returned one week prior to the date of the competition)

Regional Competition: Buffalo

Student Name(s): _____

Name of School: _____

Teacher: _____

Teacher e-mail: _____

FOR JUDGES USE ONLY

Bridge #: _____ Weight: _____ Complexity: _____
Rules Check: _____ Load: _____ Engineering: _____
Workmanship: _____

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(This portion of the form to accompany your model bridge)

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Bridge #: _____ Weight: _____ Complexity: _____
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