



An initiative by

GROWTH-POINT  
PROPERTIES



In collaboration with



Western Cape  
Government  
Education



## SCIENCE COMPETITION REGISTRATION FORM

### School

|                       |  |
|-----------------------|--|
| School name           |  |
| Metro district        |  |
| School address        |  |
| Telephone number      |  |
| Email address         |  |
| Principal's name      |  |
| Principal's cellphone |  |

### Growsmart mentor

|               |  |
|---------------|--|
| First name    |  |
| Surname       |  |
| Email address |  |
| Cellphone     |  |

### Growsmart team members

**Important:** learners who were part of a Growsmart team in any previous year may not compete again this year.

| First name | Surname | Grade |
|------------|---------|-------|
| 1.         |         |       |
| 2.         |         |       |
| 3.         |         |       |

Please fax or email this completed form to Corinne Swanepoel  
Email: [corinne@mseed.co.za](mailto:corinne@mseed.co.za) or Fax: 021 880 2086

By no later than 16 March 2018