

# Entry Form

## Divisions I and II (Projects)

Please submit a photo so we can recognize you if you win!

The Jury of Awards can only judge by what is contained in your paper. Describe your project and give a step-by-step explanation of how you completed the work. Give emphasis to such features as practicality, cost, use of arc welding, safety and originality.

Note to Teachers: All students 19 years and over including those enrolled in evening classes, adult training courses, 2-year college programs or apprentice programs may submit **project** Entries in Division II of this Program.

### Divisions I & II

**Send Entry to:** *The LINCOLN ELECTRIC Company*  
*Attn: Activities Press (AP Direct)*  
22801 Saint Clair Avenue • Cleveland, Ohio 44117-9949  
Fill in all information requested and attach to title page of report being entered in the Program. **(PLEASE TYPE ONLY.) (Enclose entrant's photo.)**  
Subject or title of report. (Put this title on Page 1 of report also.)

Report Title \_\_\_\_\_  
\_\_\_\_\_

Author \_\_\_\_\_

Full Name \_\_\_\_\_ Age \_\_\_\_\_

Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ County \_\_\_\_\_

Instructor's Name \_\_\_\_\_

School's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Co-Author \_\_\_\_\_

Full Name \_\_\_\_\_ Age \_\_\_\_\_

Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ County \_\_\_\_\_

Instructor's Name \_\_\_\_\_

School's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CHECK ONLY ONE

**Division I** (Students of Arc Welding 18 years old or younger)  
Region I  II  III  IV

**Division II** (Students of Arc Welding over 19 years and over)

Co-Author \_\_\_\_\_

Full Name \_\_\_\_\_ Age \_\_\_\_\_

Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ County \_\_\_\_\_

Instructor's Name \_\_\_\_\_

School's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PLEASE PRINT OR TYPE

### Statement of Qualification

I (we) the undersigned certify that I (we) meet eligibility requirements and have completed the work described in this paper.

By taking part in this program I (we) the undersigned agree that I (we) shall make no claim against The Jury of Awards nor any member thereof, except for awards made to me (us), nor The James F. Lincoln Arc Welding Foundation, nor any person or group of person associated with the aforesaid on account of anything that may be done or omitted to be done hereunder. The depositing in the mail of a check payable in the amount awarded to the name or names given on the Entry Form shall constitute full payment of the award thereof.

This Entry may be published.

Author's \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructor's \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-Mail Address \_\_\_\_\_

Paper entries will be accepted.