

Teachers' Submission Form

Please complete this form and send with any entries you would like the judges to consider. If different teachers from the same school are submitting their class's work, please ask each teacher to complete this form, as they will be the main contact for anyone in their class.

Teacher's First Name:

Teacher's Surname:

Teacher's email address:

School:

School Address:

Contact Number:

Age Category	KS1	KS2	Secondary
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No. of students who took part in your class/group:

No. of entries included with this submission:

Have you heard of the RIBA before today?	Yes	No
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Have you taken part in a RIBA event before today?	Yes	No
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