



# Lemelson Young Inventors Challenge

## ENTRY FORM

**ALL grades must have this form attached to the FRONT of the display board.**

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ TEACHER: \_\_\_\_\_

Name of Invention \_\_\_\_\_

Where did you get the idea for your invention? \_\_\_\_\_

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Explain how your invention works. \_\_\_\_\_

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Who will benefit from your invention? \_\_\_\_\_

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Why do you think your invention is unique and original? \_\_\_\_\_

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**DRAWING OF YOUR INVENTION:**

**Please draw your invention in the space provided below. Be sure to label all parts. You may use pencil, pen, ink, crayons, markers, etc (can even be computer generated).**