

# JOIN

# #JA3B



## Educational Organization Information

Name of your organization:  
Address:  
City: Country:

## Team Information

### Name of the team:

Tutor's name: Legal Age: English level: email:

#### Name of member #1:

Age: Gender: English level: STEM favs: Parental approval:  
email: Level of education/course:

#### Name of member #2:

Age: Gender: English level: STEM favs: Parental approval:  
email: Level of education/course:

#### Name of member #3:

Age: Gender: English level: STEM favs: Parental approval:  
email: Level of education/course:

#### Name of member #4:

Age: Gender: English level: STEM favs: Parental approval:  
email: Level of education/course:

#### Name of member #5:

Age: Gender: English level: STEM favs: Parental approval:  
email: Level of education/course:

## How did you know about us?

Send this form to: [gti@gestamp.com](mailto:gti@gestamp.com)