

Maker Project Proposal Form (Note: this is similar to the online form)

Your Name(s) / Project Team Name *						
Mentor(s)	Project I	Project Keywords (Ex: robotics "wireless sensor" knitting) Pick a category:				
	Pick a ca					
	Science	Technology	Engineering	Math	Arts Service	
Project Name (Pro	vide a short, catchy name for y	our project.)				
	(In 225 characters or less, des ite, a photo, and/or a video on			es. You can	also add links to	
A little about who team.)	you are (In 50 words or less, d	escribe who mac	le this, whether a	n individua	il or the project	
Special needs: This project		Describe your	Describe your Special Needs.			
□ must be outsi	\square must be outside.		List any safety issues, & be sure to get a Safety Plan turned in.			
		Need > 5 amps? Tell us how much and what you will be $(Y = 0)$				
□ makes or uses			plugging in. (You can find out how much power you need by looking at the back of the device you are plugging in. Using			
□ requires Inter	net access.	-	ies, tell us which	• –		
\Box has to be plug	ged into an electrical socket.			,		
\Box needs more the	an 5 amps of power.					
D poses a dange	r to myself or others.					
□ could hurt so	meone.					
Team Leader Information:						
Email:		Pho	Phone:			
Previous Maker Fa	res Attended/Exhibited:					

Please complete and submit application to makerfaire@lla.org.