| Team Name: | | Team Number: | | |
|---|---|---|--|--|
| School/Organization: | | | | |
| so th | ur teams and Team Managers: Help your Appraisers identify ney can award you all of the points you have earned. Please nentary Level teams only: Team Managers MAY fill out the fo | fill out this 3-page form completely and neatly. For | | |
| At th | RT ONE: REQUIRED PAPERWORK ne tournament Presentation Site, the Prep Area Appraiser wirequired forms is below. None of the forms listed below can | • | | |
| You | r team needs: | | | |
| | 6 copies of the completed PAGE 1 and PAGE 2 of the Tournament Da | ata Form. This is PAGE 1 of the form. | | |
| | 1 copy of the completed PAGE 3 of the Tournament Data Form. This p creative process. | | | |
| | 2 copies of the completed Declaration of Independence. Blank copies of this form can be found in Rules of the Road. One copy of this form is for Team Challenge, the other copy is for you to take to Instant Challenge. | | | |
| | 1 copy of the completed Expense Report. This form can be found in Rules of the Road. Be sure to bring copies of your receipts in case you are asked for them. It is not necessary to attach your receipts to the form. | | | |
| | 1 copy of Team Clarifications issued to your team. | | | |
| | Team Identification Sign: See Rules of the Road for more information | 1. | | |
| | Published Clarifications: You need to be sure you are aware of the Pu DestinationImagination.org. | ublished Clarifications for this Challenge available at | | |
| PART TWO: BRIEF DESCRIPTION OF TEAM CHOICE ELEMENTS Team Choice Element 1: What is your Team Choice Element? | | | | |
| Please write a brief description of your Team Choice Element. Make sure that Appraisers know exactly what you want them to evaluate. What would you like them to know about the Team Choice Element? | | | | |
| Tear | m Choice Element 2: What is your Team Choice Element? | | | |
| Plea | Please write a brief description of your Team Choice Element. Make sure that Appraisers know exactly what you | | | |

want them to evaluate. What would you like them to know about the Team Choice Element?

| Team Name: | Team Number: | | | |
|--|--|--|--|--|
| School/Organization: | Level: □EL □ML □SL □UL | | | |
| PART THREE This Challenge asks your team to supply the following information to help the Appraisers evaluate your solution. This is PAGE 2 of the form. Be sure to fill in all pages. | | | | |
| Briefly describe your story about a Medical Mystery that afform team integrated into the story? | ects a human character. What research has your | | | |
| 2. Briefly describe the human character. How does the Medica | al Mystery affect the human character? | | | |
| 3. What is the Diagnosis? Briefly describe how at least one Syn | mptom supports this Diagnosis. | | | |
| 4. Briefly describe your team's Sympt-O-Matic. What Sympton | n(s) and part(s) of human anatomy are represented? | | | |
| 5. Briefly describe the Technical Methods used to initiate, ope | erate, and/or produce the Sympt-O-Matic. | | | |
| 6. Briefly describe how your team will present Double Vision. | | | | |

| Team Name: | Team Number: |
|--|--|
| School/Organization: | Level: □EL □ML □SL □UL |
| PART FOUR THE CREATIVE PROCESS: Reflect on how your team experienced the Team Challenge. | d each stage of the creative process as you solved |
| RECOGNIZE: What process did your team go through in ord Challenge? | der to understand all the issues or points of the |
| IMAGINE: How did your team use your imagination to explo Challenge? | ore new ideas about possible solutions to the |
| 3. INITIATE AND COLLABORATE: How did your team take ris to a solution? How did your team work in a collaborative wa | |
| 4. ASSESS: How did your team assess your solution as it was b | peing created? |
| 5. EVALUATE AND CELEBRATE: Reflect on your experience. Vicelebrate your journey and accomplishments? | What did your team learn? How did your team |