Doodle Entry Form

Please type or print in blue or black ball point pen. All fields are required.

Title of Doodle (max 5 words):	
Student Name:	
Student Age:	
Grade Level:	
School ID# (included in your registration confirmation email):	
School Name:	Walker School
School Address:	120 Walker Avenue Clarendon Hills, IL 60514
School District Name:	Community Consolidated School District #181
School Region (please refer to list on page one):	Region 5
School Telephone Number:	630-887-1440
School Contact:	Hillary Andrlik

Supporting Statement:
Please tell us briefly about how your doodle expresses the "If I Could Do Anything I Would..." theme (max 50 words).

Google will only use the information above in relation to the Doodle 4 Google Competition.

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