

ROBOT LOCK UP FORM

TEAM NUMBER:

TEAM NAME:

CITY:

***Please remember to
bring a copy of this
form to your events***

DATE	TIME	SECURITY SEAL NUMBER	INDEPENDENT THIRD PARTY SIGNATURE *	PRINT LAST NAME	THIRD PARTY RELATED (R) OR NOT RELATED (NR)	PHONE NUMBER	(L) locked (U) unlocked	EXPLANATION (day of week, locked or unlocked, reason, name of event)

* If independent third party is not available, a teacher, mentor or other adult 18 years or older and not a student team member may sign

By signing above, signor attests to the fact that he/she is 18 years old or older, not a student member of the team, and that all rules, regulations, and procedures relating to robot lock up and unlock have been strictly followed.

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[illegible]

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