



10th Annual Student Origami Competition

Submission Form

Submitter Information

Name: _____

Email: _____

MIT Affiliation/Year: _____

Model Information

Model Name: _____

Model Designer: _____

Shape of starting paper: _____

Number of sheets of paper: _____

Cuts: ☐ Yes ☐ No CP: ☐ Yes ☐ No

Approx. Size: _____

Description: _____
