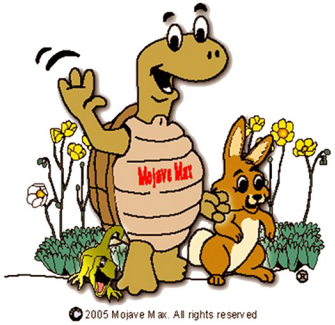

Mojave Max Emergence Contest

Name_____Grade_____

School_____

School Address_____

Teacher_____

County_____

Date Max will emerge _____Month _____Day

(students please select only one time either a.m. or p.m.)

Time _____Hour_____ Minute__a.m.

_____Hour_____ Minute__p.m.

By submitting this entry, I agree to abide by the rules of the Mojave Max Contest.