

## Application form for Micromouse 2004

Circle the name of the contest you would like to participate in	1. Micromouse Contest Freshman class	2. Micromouse Contest Expert class
	3. Robotrace Contest	4. Microclipper Contest

- \* If applying for more than one contest, please fill in the corresponding number of application forms.  
Copied application forms are acceptable.
- \* Basically, the robot builder himself/herself must bring his/her robot and operate it by himself/herself.  
(No one else other than the robot builder can take part and operate a robot in the contests.)
- \* You cannot change your class after applying for a Micromouse contest. Please read the rules carefully before applying for a Micromouse contest.
- \* Please apply for Micromouse 2004 contests by October 25, 2004 and send technical data on your robot(s) by November 5, 2004.

Member No. _____	Date _____, 2004	Receipt No. _____																										
Name of Robot	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																											

\*Please inform us of your robot name(s), spelling out the robot's name with up to 15 characters on the application form.

### Individual applicant

Name (Operator/Designer)		Age		Collaborator(s) in building your robot
Affiliation	(Place of work or name of school)			
Address (Place of work or name of school)	Telephone :		FAX:	
	E-mail:			
Address (Your home)	Telephone :		FAX:	
	E-mail:			
Your contact address	1. Your home    2. Place of work or name of school    ( Circle which )			

### Group applicant

Primary applicant (who mainly builds and operates the robot)		Age	
Group name		Representative of your group	
Contact address	Telephone :		FAX:
	E-mail:		
Group profile			
Names of participants in the contest			
*The maximum number of participants, including the leader, in one applicant group shall be five.			
Name of instructor leading your applicant group			

Your requests and comments on Micromouse 2004
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Please fax completed Application form to **81-3-3756-3003**  
 New Technology Foundation  
 2-9-22, Tamagawa, Ota-ku, Tokyo. 146-0095 JAPAN  
 FAX 81-3-3756-3003  
 E-mail: Tadashi\_Sato@notes.namco.co.jp