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# Mojave Max/Maxine 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/Maxine Contest.