



ROBOFEST 2024 International Site Host Application

Please email this completed form to: LTU - Robofest Coordinator

Shannan Palonis - spalonis@ltu.edu

If you have questions about completing this form, please email or call: 248-204-3568



Competition Date:		Day of the week:	
Competition Start Time: <i>Team check-in should begin 30-60 mins prior</i>		Competition End Time:	

Registration/Fee System Option*	<input type="checkbox"/> Opt 1 <input type="checkbox"/> Opt 3	<input type="checkbox"/> Opt 2	See "International Site Host Registration and Fee Options"	Format*	<input type="checkbox"/> In Person <input type="checkbox"/> Video Submission
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Site Host Organizer Information (Main contact for event planning and coordination) *Required Fields	Contact Name & Title*	
	Organization Name*	
	Address*	
	City, State/Province, Code*	
	E-mail address*	
	Phone*	
	Organization Website URL	
	Individual who will sign participant certificates*	Name: _____ Job Title: _____
Scanned Signature File will be provided*	<input type="checkbox"/> YES <input type="checkbox"/> NO (Certificates will be signed by hand) <input type="checkbox"/> File has already been provided	
Host Logos	Logos (up to 2) will be provided	For: <input type="checkbox"/> Host Organization <input type="checkbox"/> Venue <input type="checkbox"/> None (LTU Default)
Site Check-In Fee	Will you collect a separate Site Check-In Fee from each registered team to defray your costs? <input type="checkbox"/> NO <input type="checkbox"/> YES - how much? (We recommend no more than USD \$20) _____	

Competition Categories & Maximum # of teams to accommodate	Jr Exhibition (5th – 8th grade) # of Teams: _____	Jr Game (5th – 8th grade) # of Teams: _____	Jr BottleSumo (5th – 8th grade) # of Teams: _____
	Sr Exhibition (9th – 12th grade) # of Teams: _____	Sr Game (9th – 12th grade) # of Teams: _____	Sr BottleSumo (9th – 12th grade) [] CL [] UL #of Teams: _____
	Jr UMC (5th – 8th grade) # of Teams: _____	Jr RoboArts (5th – 8th grade) # of Teams: _____	Jr RoboMed (5th – 8th grade) # of Teams: _____
	Sr UMC (9th – 12th grade) # of Teams: _____	Sr RoboArts (9th – 12th grade) # of Teams: _____	Sr RoboMed (9th – 12th grade) # of Teams: _____
	RoboParade (4th – 8th grade) # of Teams: _____		

Venue Information <input type="checkbox"/> Same as Site Host Organization (skip to next section) <input type="checkbox"/> other (go to)	Venue Name	
	Venue Street Address	
	City, State/Province, Code	
	Venue Contact Name & Title	
	Venue Phone	
	Venue Website URL	

Ship Supplies to: <input type="checkbox"/> Site Host <input type="checkbox"/> Venue <input type="checkbox"/> 3 rd location (go to)	Event Supplies will be shipped via UPS Or USPS Priority (NO PO Boxes)	Contact Location Shipping Address: City, St/Prov Code: Phone Number:	
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