Name		Date	Period	#
Name		Date	Period	#
Eart	th Science Phenom	nenon: Video	/ Time Lapse F	Project
	Marking Period			
	Partner Ag	reement Co	ntract	
\checkmark				
	By submitting this form, we	agree to work togetl	ner to complete our Vi	deo project.
	We understand that we will	both receive the san	ne grade for the projec	rt.
	We agree to share the work	and be available to l	nelp complete the proj	ect together.
	Since we decided to work to			
	We acknowledge that this project will count for 3% of our MP average.			
	Print Student Name			
			Parent Signatu	re
	Student Signature			
	Print Student Name			
			Parent Signatu	re
Student Signature				