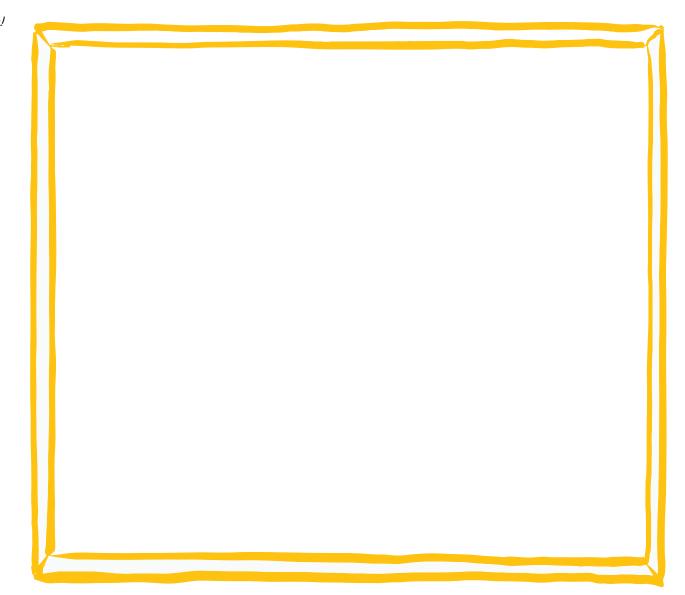
## My theatre invention

|   | Name it |
|---|---------|
|   | Ų       |
|   |         |
|   |         |
| First name                                |         |
| Age                                       |         |
| School                                    |         |
| Town/city                                 |         |
|   |         |
| Tell us more!                             |         |
| (who your invention is for, what it does, |         |
| how it works!)                            |         |
|   |         |
|   |         |
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|   |         |
|   |         |
|   |         |
|   |         |

Draw your invention here! Use a black pen, add colours and labels



Upload your idea at littleinventors.org to get feedback and who knows, it could be chosen to be made real!



With thanks to our funders

Chloe Rodham www.chloerodham.co.uk

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