





| Date                             | Age              |
|----------------------------------|------------------|
| Name                             |                  |
| School                           |                  |
| City                             |                  |
| Country                          |                  |
| My invention is called:          |                  |
| 2. Explain your invention! W     | Vhat does it do? |
| Who is it for? How will it work? |                  |

Upload your idea at **allypally.littleinventors.org** to enter the challenge 'let your imagination fly'.
Who knows, it could be chosen to be made real!