Please complete the form below and include one copy with your payment/invoice for the state fees to Wyoming History Day Contest. Keep one copy for your records. WHD will send an acknowledgement upon receipt of fees if needed.

**INVOICE WYOMING STATE HISTORY DAY CONTEST FEES**

**DATE:** ___________________

**FROM:**  ______________________________________
________________________________________
________________________________________

**NUMBER OF STUDENTS:**  _____ x $20 = $_________
**NUMBER OF TEACHERS & CHAPERONES:**  ____ x $10 = $_________
**TOTAL AMOUNT DUE**  $_________

**PAYABLE TO WYOMING HISTORY DAY**

**PLEASE MAIL TO:**  Wyoming History Day
American Heritage Center
Department 3924
1000 East University Ave.
Laramie WY  82071-2000

**Please send acknowledgement to:**  _______________________
________________________________________
________________________________________

Thank you,

________________________________________
Richard Kean, WHD State Coordinator  Date