

## **OFFICIAL STUDENT ENTRY FORM:**

### Competition Topic:\_\_\_\_\_

DMAW/EF COLLEGIATE MAXI COMPETITION: Date of Submission:\_\_\_\_\_

## EACH TEAM MEMBER MUST COMPLETE THIS DOCUMENT AND SUBMIT WITH ENTRY

Name of team member (please print					
College University:					
School Address:					
Cell : Permanent Phone: _	E-mail address:				
Team Member's Permanent Address:					
Expected Date of Graduation:	Major Field of Study:				
College/University Standing (circle one):	Freshman	Sophomore	Junior	Senior	Grad Student

Note: These three items below must be fully agreed to. Each student must sign the statement below.

- 1. I have read and agree to abide by the rules and regulations of the DMAW/EF competition and understand that failure to comply will result in the disqualification of the entire team.
- 2. I agree that all entries become the shared property of the DMAW/EF and Ourisman Chevrolet and that they may be used by DMAW/EF for publicity, and they will not be returned to me. I understand that I will not be compensated now or in the future for any services rendered in connection with this competition.
- 3. I have not received outside help of any kind from professionals.

Student's signature:				
Faculty Advisor's Name (Please Print):				
Faculty Advisor's Signature:				
Faculty Advisor's School Address:				
Faculty Advisor's Office Phone: Fax:				
Faculty Advisor's Permanent Address (for notification purposes only)				
Faculty Advisor's Permanent Phone: Email:				

Include signed entry forms from each team member along with team's written submission.

Mail: Collegiate Maxi Competition DMAW/EF 4414 Walsh St Chevy Chase MD 20815

Questions may be sent to: Karen Depew (kdnorthwood@gmail.com), 301-652-7074.

# Please complete the following information (optional):

#### Your Hometown and Campus Newspapers

Please complete the contact information as thoroughly as possible – we want to be ready to promote your entry if it is among the winners! Use additional sheets if necessary.

Editor (if known):
Name of Publication:
Street address:
City, State, Zip
Email:
Phone number: Fax number:
Editor (if known):
Name of Publication:
Street address:
City, State, Zip
Email:
Phone number: Fax number:
Editor (if known):
Name of Publication:
Street address:
City, State, Zip
Email:
Phone number: Fax number: