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| **INDIVIDUAL ENTRY FORM** | | | | | | | | | | |
|  | | | | | | | | | | |
| * Please key all information requested below. **Handwritten and incomplete forms will *not* be accepted.** * A hard copy must be provided to the event administrator before your presentation to the judges. * An additional hard copy will be required if you present again as a finalist. * Signatures are *not* required at the time of pre-submission; you must still supply signatures when checking into the event on-site. * The Contestant Number is the same as the Member Number in the BPA Membership Registration System. * The URL (if applicable) *must* be a clickable link. | | | | | | | | | | |
|  | | | | | |  | | | | |
| **Event #** |  | | | | | | | | | |
| **Event Name** |  | | | | | | | | | |
| **Date** |  | | | | | | | | | |
| **Software Used (if applicable)** | | | | |  | | | | | |
| **URL (if applicable)** | | | | Click to add URL. | | | | | | |
| URLs *must* be a clickable link. | | | | | | | | | | |
|  | | | | | |  | | | | |
| **Name** | |  | | | | | | | | |
| **Contestant #** | |  | | | | | | | | |
| **Grade** | |  | | | | | | | | |
| **Chapter Name** | |  | | | | | | | | |
| **Advisor Name** | |  | | | | | | | | |
| **Advisor E-mail** | |  | | | | | | | | |
| **City** | |  | | | | | **State** |  | **ZIP** |  |
|  | | | | | |  | | | | |
| **Student Verification** | | | | | | | | | | |
| I, the undersigned, attest that this project was conducted solely by me and that the work resulting from my effort is original and in compliance with all event specifications. | | | | | | | | | | |
|  | | | | | | | | | | |
| **Student Signature** | | |  | | | | | | | |
| **Date** | | |  | | | | | | | |
|  | | | | | |  | | | | |
| **Advisor Verification** | | | | | |  | | | | |
| I have reviewed the work to be submitted and verify that it reflects the above-named student’s original work and is in compliance with all event specifications. | | | | | | | | | | |
|  | | | | | | | | | | |
| **Advisor Signature** | | |  | | | | | | | |
| **Date** | | |  | | | | | | | |