

# ASID MICHIGAN CHAPTER STUDENT COMPETITION 2012

## ENTRY FORM

*This form must be completed and signed by the student. Please place the form in a sealed envelope and attach to the back of BOARD #1. Incomplete information disqualifies an entry. Students must be an ASID Student Member by the time the project is delivered to the ASID Michigan Chapter Office in order to participate in the competition.*

Student's Name (Please Print): \_\_\_\_\_

Student's permanent mailing address:

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Level of study at the time of competition (Please Circle One):

Freshman    Sophomore    Junior    Senior    Graduate Studies

College or University attending: \_\_\_\_\_

Note: If the College has multiple locations, please list the campus location as well.

I confirm that all components of the submitted project were completed **entirely by me** in accordance with the competition guidelines:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_