

Team Name Assignments & Software Requests

IARFC 2020 National Financial Plan Competition

ALL INFORMATION MUST BE PROVIDED. PLEASE WRITE LEGIBLY. FAILURE TO PROVIDE A COMPLETE, LEGIBLE COPY WILL DELAY THE RELEASE OF THE SOFTWARE TO YOU AND JEOPARDIZE YOUR OPPORTUNITY TO PARTICIPATE IN THE COMPETITION.

Date _____

School Name _____ Advisor _____

Team No. _____ Need copy of Money Guide? (Please check one) _____ Yes _____ No

Team Member #1

Full Name _____

School Email _____

Personal Email Address _____

Phone Landline and/or Cell _____

Current Address _____

City, State and Zip _____

Permanent or Home Address _____

City, State and Zip _____

Team Member #2

Full Name _____

School Email _____

Personal Email Address _____

Phone Landline and/or Cell _____

Current Address _____

City, State and Zip _____

Permanent or Home Address _____

City, State, Zip _____

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Team Member #2

Full Name _____

School Email _____

Personal Email Address _____

Phone Landline and/or Cell _____

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City, State and Zip _____

Permanent or Home Address _____

City, State and Zip _____

**Fax to 513.345.9479 or Email to plancomp@iarfc.org
Deadline September 25, 2019**

This form may be copied for additional participants.