

Team Name Assignments & Software Requests

IARFC 2024 National Financial Plan Competition

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

Date _____

School Name _____ Advisor _____

Team No. _____ Need copy of MoneyGuide? (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 _____

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

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City, State and Zip _____

Team Member #2

Full Name _____

School Email _____

Personal Email Address _____

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Current Address _____

City, State and Zip _____

Permanent or Home Address _____

City, State and Zip _____

Email to plancomp@iarfc.org or Fax to (513) 345-9479

Deadline October 30, 2023

This form may be copied for additional participants.