

# Team Name Assignments & Software Requests

## IARFC 2025 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

**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 and Zip \_\_\_\_\_

Email to [plancomp@iarfc.org](mailto:plancomp@iarfc.org) or Fax to (513) 345-9479

**Deadline October 30, 2024**

This form may be copied for additional participants.