

# 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 \_\_\_\_\_

**Team No.** \_\_\_\_\_ Need copy of Money Guide? (Please check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

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**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 \_\_\_\_\_

**Fax to 513.345.9479 or Email to [plancomp@iarfc.org](mailto:plancomp@iarfc.org)  
Deadline September 20, 2019**

This form may be copied for additional participants.