

ATTACHMENT 2 Team Commitment Form

Name of School: _____

Team Members and Contact Information (*please type into the form or write legibly*):

<u>Name</u>	<u>Email</u>	<u>Phone</u>	<u>Anticipated Graduation (MM/YY)</u>

(Maximum team members = 8)

Chosen Name of Your Consulting Firm: _____

Designated Team Contact (Captain): _____

School Faculty Name/Phone Number/Email: _____ / _____ / _____

School Faculty Signature: _____

Any Requested Exception to Section 4 Criteria: Yes No

If NO, we understand that the participant complies with requirements of Section 4. If YES, briefly state the requested exemption and reason below:

**Please submit applications to Mateja Vidovic Klanac at mvidovicklanac@scsengineers.com.
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