



Form 1 – Team Commitment

Name of School: \_\_\_\_\_

Team Members and Contact Information:

<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 comply with requirements of Section 4. If YES, briefly state the requested exemption and reason below:

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Please submit applications to Bridget Wlosek at [wlosekbk@cdmsmith.com](mailto:wlosekbk@cdmsmith.com)  
Visit [SWANA.org/SWDC](http://SWANA.org/SWDC) for competition updates.