

Economic Research Project–Individual (08)

Entry Form

Please key all information requested below. **Handwritten and incomplete forms will not be accepted.**

Please note:

The Contestant Number is the same as the Member Number in the BPA On-line Registration System.

Name _____ Grade _____

Contestant Number

School Name _____

School Address _____

City _____ State _____ ZIP _____

School Phone _____ School Fax _____

Advisor Name _____

E-mail _____

Student Verification

I, the undersigned, attest that the research for this project was conducted solely by me, and that the work resulting from my efforts is original.

Student signature

Date

Advisor Verification

I have read the essay and verify that it reflects the above-named student's original work.

Advisor signature

Date

Economic Research Project–Team (09) Entry Form

Please key all information requested below. **Handwritten and incomplete forms will not be accepted.**

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Chapter Number _____

School Name _____

School Address _____

City _____ State _____ ZIP _____

School Phone _____ School Fax _____

Advisor Name _____

E-mail _____

Student Verification

We, the undersigned, attest that the research for this project was conducted solely by the team members and that the work resulting from our efforts is original.

Student signature

Date

Student signature

Date

Student signature

Date

Student signature

Date

Advisor Verification

I have read the essay and verify that it reflects the above-named students' original work.

Advisor signature

Date

Administrative Support Research Project–Individual (31)

Entry Form

Please key all information requested below. **Handwritten and incomplete forms will not be accepted.**

Please note:

The Contestant Number is the same as the Member Number in the BPA On-line Registration System.

Name _____ Level _____

Contestant Number

School Name _____

School Address _____

City _____ State _____ ZIP _____

School Phone _____

School Fax _____

Advisor Name _____

E-mail _____

Student Verification

I, the undersigned, attest that the research for this project was conducted solely by me, and that the work resulting from my efforts is original.

Student signature

Date

Advisor Verification

I have read the research paper and verify that it reflects the above-named student's original work.

Advisor signature

Date

Digital Media Production (44) Documentation Form

Key the information below and check the address for accuracy. NO HANDWRITTEN FORMS WILL BE ACCEPTED.

Please note: The Contestant Number is the same as the Member Number in the BPA On-line Registration System.

Contestant Name: _____

Contestant Number: _____

I, the undersigned, attest that the design, creation, and implementation of this Digital Media Production are my original work. Furthermore, I attest that the production is in accordance with Copyright and Fair Use Guidelines.

I consent to its reproduction, use, and/or modification in any way for use by Business Professionals of America National Center.

Member Signature:

Advisor Signature:

I, the undersigned, attest that no changes will be made to my Digital Media Production after the postmarked date.

Member Signature:

Advisor Signature:

E-mail: _____

Phone: _____

**Business Professionals of America
Digital Media Production (44)**

Digital Media Production Release Form

I hereby consent irrevocably to the use and reproduction of any and all photographs taken of me in any form whatsoever for the Business Professionals of America Digital Media Production competition.

I have read this document and am fully aware of the content and implications, legal and otherwise.

Please print the following:

Name

Address

City, State, ZIP

Signature(s):

Signature

Date _____ / _____ / _____
(Month) (Day) (Year)

Signature of Parent or Guardian
(If person is under 18 years of age)

Date _____ / _____ / _____
(Month) (Day) (Year)

Web Site Design Team (46) Documentation Form

Please key all information requested below. **Handwritten and incomplete forms will not be accepted.** Check the address for accuracy.

Chapter Name: _____ Chapter Number: _____

Team Members: _____

Complete Web site/URL address: _____

Password (if applicable): _____

Alternate Web site/URL address
(if applicable): _____

Alternate Password (if
applicable): _____

Theme: _____

We, the undersigned, attest that the design, creation, and implementation of this Web site are the original work of the team members. Furthermore, we attest that the Web site is in accordance with Copyright and Fair Use Guidelines. We attest that we have used the same topic and theme as we progressed from regional through national competitions.

We consent to its reproduction, use, and/or modification in any way for use by Business Professionals of America.

Team Signatures:

Team Member Roles:

1. _____

2. _____

3. _____

4. _____

Advisor Signature:

We, the undersigned, attest that no changes will be made to our Web site after the date of postmark.

Team Signatures:

Advisor signature and contact
information during technical judging:

1. _____

2. _____

3. _____

E-mail: _____

4. _____

Phone: _____

**Business Professionals of America
Web Site Design Team (46)**

Web Site Release Form

I hereby consent irrevocably to the use and reproduction of any and all photographs taken of me in any form whatsoever for the Business Professionals of America Web Site Development Team competition. Consent is also granted for any printed matter used in conjunction with the photograph(s) and with the use of my name in any part of the Web site.

I have read this document and am fully aware of the content and implications, legal and otherwise.

Please print the following:

Student Name

Address

City, State, ZIP

Signature(s):

Student Signature

Date _____ / _____ / _____
(Month) (Day) (Year)

**Signature of Parent or Guardian
(If contestant is under 18 years of age)**

Date _____ / _____ / _____
(Month) (Day) (Year)

Web Application Team (47) Documentation Form

Key the information below and check the address for accuracy. NO HANDWRITTEN FORMS WILL BE ACCEPTED.

Chapter Name: _____ **Chapter Number:** _____

Team Members: _____

Complete web site/URL address: _____

Alternate web site/URL address (if applicable): _____

Password (if applicable): _____

We, the undersigned, attest that the coding, design, creation, and implementation of this web site are the original work of the team members. Furthermore, we attest that the web site is in accordance with Copyright and Fair Use Guidelines.

We consent to its reproduction, use, and/or modification in any way for use by Business Professionals of America.

We, the undersigned, attest that no changes will be made to our web site after the postmarked date.

Team Member Signatures:

Team Member Roles:

1. _____

2. _____

3. _____

4. _____

Advisor signature and contact information during technical judging:

Signature: _____

E-mail: _____

Phone: _____

Video Production Team (48) Documentation Form

Please key all information requested below. **Handwritten and incomplete forms will not be accepted.**

Chapter Name: _____ Chapter Number: _____

Chapter Members: _____

I, the undersigned, attest that the design, creation, and implementation of this Video Production is the original work of our team. Furthermore, I attest that the production is in accordance with Copyright and Fair Use Guidelines.

I consent to its reproduction, use, and/or modification in any way for use by Business Professionals of America National Center.

COMPUTER SOFTWARE USED FOR PRODUCTION:

Team Members Signatures:

Advisor Signature:

I, the undersigned, attest that no changes will be made to the Video Production after the postmarked date.

Team Members Signatures:

Advisor Signature:

E-mail: _____

Phone: _____

**Business Professionals of America
Video Production Team (48)**

Video Production Release Form

I hereby consent irrevocably to the use and reproduction of any and all photographs taken of me in any form whatsoever for the Business Professionals of America Video Production competition.

I have read this document and am fully aware of the content and implications, legal and otherwise.

Please print the following:

Name

Address

City, State, ZIP

Signature(s):

Signature

Date _____ / _____ / _____
(Month) (Day) (Year)

Signature of Parent or Guardian
(If person is under 18 years of age)

Date _____ / _____ / _____
(Month) (Day) (Year)

Video Production Team (48) Documentation Form

Please key all information requested below. **Handwritten and incomplete forms will not be accepted.**

Chapter Name: _____ Chapter Number: _____

Chapter Members: _____

I, the undersigned, attest that the design, creation, and implementation of this Video Production is the original work of our team. Furthermore, I attest that the production is in accordance with Copyright and Fair Use Guidelines.

I consent to its reproduction, use, and/or modification in any way for use by Business Professionals of America National Center.

COMPUTER SOFTWARE USED FOR PRODUCTION:

Team Members Signatures:

Advisor Signature:

I, the undersigned, attest that no changes will be made to the Video Production after the postmarked date.

Team Members Signatures:

Advisor Signature:

E-mail: _____

Phone: _____

**Business Professionals of America
Video Production Team (48)**

Video Production Release Form

I hereby consent irrevocably to the use and reproduction of any and all photographs taken of me in any form whatsoever for the Business Professionals of America Video Production competition.

I have read this document and am fully aware of the content and implications, legal and otherwise.

Please print the following:

Name

Address

City, State, ZIP

Signature(s):

Signature

Date _____ / _____ / _____
(Month) (Day) (Year)

Signature of Parent or Guardian
(If person is under 18 years of age)

Date _____ / _____ / _____
(Month) (Day) (Year)

Software Engineering Team (49) Documentation Form

Key the information below and check the address and password for accuracy. NO
HANDWRITTEN FORMS WILL BE ACCEPTED.

Chapter Name: _____

Team Members: _____

URL (if applicable) _____

Password (if applicable) _____

We, the undersigned, attest that the design, creation, and implementation of this software system is the original work of the team members. Furthermore, we attest that the system site is in accordance with Copyright and Fair Use Guidelines.

We consent to its reproduction, use, and/or modification in any way for use by Business Professionals of America.

Team Signatures:

1. _____

2. _____

3. _____

4. _____

Team Member Roles:

Advisor Signature:

We, the undersigned, attest that no changes will be made to our system after the postmarked date.

Team Signatures:

1. _____

2. _____

3. _____

4. _____

Advisor signature and contact
information during technical judging:

E-mail: _____

Phone: _____

Business Professionals of America Software Engineering Team (49)

Software Engineering Release Form

I hereby consent irrevocably to the use and reproduction of any and all photographs taken of me in any form whatsoever for the Business Professionals of America Software Engineering Team competition. Consent is also granted for any printed matter used in conjunction with the photograph(s) and with the use of my name in any part of this event.

I have read this document and am fully aware of the content and implications, legal and otherwise.

Please print the following:

Student Name

Address

City, State, ZIP

Signature(s):

Student Signature

Date _____ / _____ / _____
(Month) (Day) (Year)

Signature of Parent or Guardian
(If student is under 18 years of age)

Date _____ / _____ / _____
(Month) (Day) (Year)

Business Professionals of America Software Engineering Team (49)

Software Engineering Release Form

I hereby consent irrevocably to the use and reproduction of any and all photographs taken of me in any form whatsoever for the Business Professionals of America Software Engineering Team competition. Consent is also granted for any printed matter used in conjunction with the photograph(s) and with the use of my name in any part of this event.

I have read this document and am fully aware of the content and implications, legal and otherwise.

Please print the following:

Student Name

Address

City, State, ZIP

Signature(s):

Student Signature

Date _____ / _____ / _____
(Month) (Day) (Year)

Signature of Parent or Guardian
(If student is under 18 years of age)

Date _____ / _____ / _____
(Month) (Day) (Year)

Global Marketing Team (60)

Statement of Originality

Please key all information requested below. **Handwritten and incomplete forms will not be accepted.**

Please note: The Contestant Number is the same as the Member Number in the BPA On-line Registration System.

Name _____ Contestant # _____	Grade
Name _____ Contestant # _____	Grade
Name _____ Contestant # _____	Grade
Name _____ Contestant # _____	Grade

School Name _____

School Address _____

City, State, ZIP _____

School Phone _____

School Fax _____

Advisor _____ E-Mail _____

Student Verification

We, the undersigned, attest that the research for this project was conducted solely by the team members and that the work resulting from our efforts is original.

Student signature _____ Date _____

Student signature _____ Date _____

Student signature _____ Date _____

Student signature _____ Date _____

Advisor Verification

I have read the plan and verify that it reflects the above-named students' original work.

Advisor signature _____ Date _____

Entrepreneurship (61)

Statement of Originality

Please key all information requested below. **Handwritten and incomplete forms will not be accepted.**

Please note: The Contestant Number is the same as the Member Number in the BPA On-line Registration System.

Name _____ Grade _____

Contestant # _____

School Name _____

School Address _____

City, State, ZIP _____

School Phone _____ School Fax _____

Advisor Name _____ E-mail _____

Student Verification

I, the undersigned, attest that the research for this project was conducted solely by me and that the work resulting from my effort is original.

Student signature

Date

Advisor Verification

I have read the plan and verify that it reflects the above-named student's original work.

Advisor signature

Date

Graphic Design Promotion (63)

Resource/Release Form

Please key all information requested below. **Handwritten and incomplete forms will not be accepted.**

Please note:

The Contestant Number is the same as the Member Number in the BPA On-line Registration System.

Chapter Name: _____

Contestant Name: _____

Contestant #: _____

**I, the undersigned, attest that the design and creation is my original work.
Furthermore, I attest that the production is in accordance with state and federal
copyright laws.**

**I consent to its reproduction, use, and/or modification in any way for use by Business
Professionals of America National Center.**

List all sources used in the process to create the artwork. Include the hardware and software used.

Contestant Signature

Date

Advisor Signature

Date

Prepared Speech (68)
Statement of Purpose and Originality

Discuss the topic you selected, the purpose of your speech, and the intended audience.

I, the undersigned, attest that the research in preparation for this speech was conducted solely by me, and that the speech is original work resulting from my efforts.

Contestant Signature	Date	Advisor Signature	Date
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**Business Professionals of America
Presentation Management–Individual (69)**

Release Form

I hereby consent irrevocably to the use and reproduction of any and all photographs taken of me in any form whatsoever for the Business Professionals of America Presentation Management competition. Consent is also granted for any printed matter used in conjunction with the photograph(s) and with the use of my name in any part of the presentation.

I have read this document and am fully aware of the content and implications, legal and otherwise.

Please print the following:

Name

Address

City, State, ZIP

Signature(s):

Signature

Date / /
(Month) **(Day)** **(Year)**

**Signature of Parent or Guardian
(If individual is under 18 years of age)**

Date / /
(Month) **(Day)** **(Year)**

Business Professionals of America Presentation Management–Team (70)

Release Form

I hereby consent irrevocably to the use and reproduction of any and all photographs taken of me in any form whatsoever for the Business Professionals of America Presentation Management—Team competition. Consent is also granted for any printed matter used in conjunction with the photograph(s) and with the use of my name in any part of the presentation.

I have read this document and am fully aware of the content and implications, legal and otherwise.

Please print the following:

Name:

Address:

City, State, ZIP:

Signature(s):

Signature

(Month)

(Day)

(Year)

**Signature of Parent or Guardian
(If individual is under 18 years of age)**

(Month)

(Day)

(Year)