

INDIVIDUAL ENTRY FORM

- Please key all information requested below. Handwritten and incomplete forms will not be accepted.
- A hard copy must be provided to the event administrator before your presentation to the judges.
- An additional hard copy will be required if you present again as a finalist.
- This information (excluding signatures) will also be required if the event requires information pre-submitted on-line.
- The Contestant Number is the same as the Member Number in the BPA On-line Registration System.

Event Name: V05 Mobile Applications

Event #: V05

Date: 02/23/2015

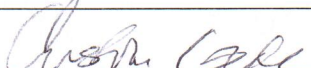
Software Used (if applicable): Xcode 6.1.1

URL (if applicable): <http://tinyurl.com/m4vg8jz> (*Actual Dropbox link below)

Name Austin Eckman	Contestant # 04-0134-0013	Grade 12
Chapter Name Pinckney High School	Advisor Cyndi Millns	
City, State, ZIP Pinckney, MI 48169		
School Phone 810-225-5754	Fax 810-225-3905	Advisor E-mail cmillns@gmail.com

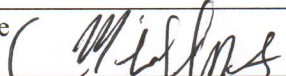
Student Verification

I, the undersigned, attest that this project was conducted solely by me and that the work resulting from my effort is original and in compliance with all event specifications.

Student signature 	Date 02/23/2015
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Advisor Verification

I have reviewed the work to be submitted and verify that it reflects the above-named student's original work and is in compliance with all event specifications.

Advisor signature 	Date 2-23-15
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<http://www.dropbox.com/sh/bk35mgahvalc20m/AADmqggttu-btwwrNwfyW4g-a?dl=0>



RELEASE FORM

(This form must be completed for all events as specified in the event guidelines.)

Event Name: V05 Mobile Applications

Event #: V05

Contestant ID#: 04-0134-0013

Team ID# (if applicable): N/A

I hereby consent irrevocably to the use and reproduction (electronically or in print) of any and all photographs taken of me in any form whatsoever for a Business Professionals of America Workplace Skills Assessment Program Competitive Event.

Consent is also granted for any printed matter or audio recording used in conjunction with the photograph(s) and with the use of my name.

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

This information must be completed here and will also be required on-line if this event is submitted to a BPA website for national competition.

Name	Austin Eckman
Address	9502 Rolling Greens Dr.
City , State, ZIP	Pinckney, Mi., 48169

A printed copy with signature(s) must be provided for the judges before you present.

Signature: 
Date: 02/23/2015

Signature of Parent or Guardian:
(If person is under 18 years of age.)
Date: 02/23/2015

A handwritten signature in black ink, appearing to be "J. G. [unclear]", written over a horizontal line.