



Today's students.
Tomorrow's business professionals.

TEAM ENTRY FORM

- Please key all information requested below. **Handwritten** and incomplete forms will *not* be accepted.
- A hard copy must be presented when you present at the National Leadership Conference.
- An additional hard copy will be required if you present again as a finalist.
- Signatures are not required at the time of pre-submission; you must still supply signatures when checking into the event on-site.
- The Contestant Number is the same as the Member Number in the BPA Online Registration System.

Event Name: Website Design Team

Event #: 435

Team#: 1

Date: 1/17/17

Software Used (if applicable): Git, Github, PhpMyAdmin, FileZilla, Atom, Sublime, Slack, Photo

URL (if applicable): <http://ftclass.com/bpaps/index.php>

Name Casey Clair	Contestant # 03-0042-0024	Grade
Name Jared Pisano	Contestant # 03-0042-0026	Grade
Name Josh Eaton	Contestant # 03-0042-0040	Grade
Name Quinton Haley	Contestant # 03-0042-0033	Grade
Chapter Name Francis Tuttle Technology Center	Advisor Christy Whitfield	
City, State, ZIP Oklahoma City, OK 73142		
School Phone (405) 717-7799	Fax	Advisor E-mail cwhitfield@francistuttle.edu

Student Verification

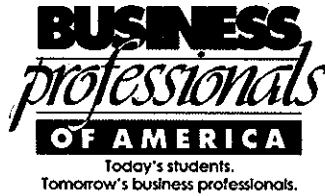
We, the undersigned, attest that this project was conducted solely by the team members and that the work resulting from our efforts is original and in compliance with all event specifications.

Student signature	Date
Student signature	Date
Student signature	Date
Student signature	Date

Advisor Verification

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

Advisor signature	Date
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RELEASE FORM

Release forms may be handwritten. Illegible forms will not be accepted.
(This form must be completed for all events as specified in the event guidelines.)

Event Name: Website Design Team

Event #: 435

Contestant ID#: 03-0042-0024

Team ID# (if applicable): 1

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 online if this event is submitted to a BPA website for national competition.

Name	Casey Clair
Address	13049 SW 5th Terr
City , State, ZIP	Yukon, OK 73099

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

Signature: 

Date:

1/17/17

Signature of Parent or Guardian:

(If person is under 18 years of age.)

Date:



RELEASE FORM

Release forms may be handwritten. Illegible forms will not be accepted.
(This form must be completed for all events as specified in the event guidelines.)

Event Name: Website Design Team

Event #: 435

Contestant ID#: 03-0042-0026

Team ID# (if applicable): ~~000000~~ 1

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 online if this event is submitted to a BPA website for national competition.

Name	Jared Pisano
Address	1309 N. Meridian Ave Apt 222
City , State, ZIP	Oklahoma City, OK 73107

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

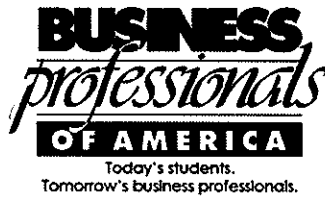
Signature: 

Date: 1/17/17

Signature of Parent or Guardian:

(If person is under 18 years of age.)

Date:



RELEASE FORM

Release forms may be handwritten. Illegible forms will not be accepted.
(This form must be completed for all events as specified in the event guidelines.)

Event Name: Website Design Team
Event #: 435
Contestant ID#: 03-0042-0040
Team ID# (if applicable): 1

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 online if this event is submitted to a BPA website for national competition.

Name	Joshua A. Eaton
Address	12701 Whitefield Circle
City, State, ZIP	Oklahoma City, OK, 73142

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

Signature: *Joshua A. Eaton*
Date: 1/17/17

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



RELEASE FORM

Release forms may be handwritten. Illegible forms will not be accepted.
(This form must be completed for all events as specified in the event guidelines.)

Event Name: Website Design Team

Event #: 435

Contestant ID#: 03-0042-0033

Team ID# (if applicable): 1

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 online if this event is submitted to a BPA website for national competition.

Name	Quinton H. Haley
Address	1735 Louis Scott St.
City , State, ZIP	Edmond, OK. 73003

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

Signature: *Quinn Haley*
Date: *1/18/17*

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