Link to website: <a href="https://gangipra000.github.io/v4-motorz/index.html">https://gangipra000.github.io/v4-motorz/index.html</a>

Work cited:

https://www.w3schools.com/

https://github.com/Peekobot/peekobot

https://www.cars.com/

All pictures from cars.com including the information about cars

File: links in google drive

Source code:

https://drive.google.com/file/d/1NH7Jfcwtmg4Rx8fqvnTxFJmuzYf0ncSv/view?usp=share\_link
https://drive.google.com/file/d/1nOagMydd3ZEWUMYxxk6KuygLeiLAIXJK/view?usp=share\_link
https://drive.google.com/file/d/1nOagMydd3ZEWUMYxxk6KuygLeiLAIXJK/view?usp=share\_link
https://drive.google.com/file/d/1Pp0DRDHhZFIh2G3Kq2E772JbJf1JofRA/view?usp=share\_link
https://drive.google.com/file/d/1DzvjltAZg1ElfaY4BaDKW8k4tvAiZG42/view?usp=share\_link
https://drive.google.com/file/d/10n3mUfbcocrpQo5KElEOQtlzlyOyB\_I7/view?usp=share\_link
https://drive.google.com/file/d/1\_X\_I7M8L-cZElkDGeXT0LLy2ZXTkRyao/view?usp=share\_link
https://drive.google.com/file/d/1fK3ZtwppUegoGw7Twf0jiZEB24v1zDcn/view?usp=share\_link
https://drive.google.com/file/d/1raDfO\_vC6824YdVp9s4x2WV-P0GftCE/view?usp=share\_link
https://drive.google.com/file/d/1h8cmhBDVyuIXqfff6VuIL\_W\_dNLm-5W\_/view?usp=share\_link
Pictures:
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https://drive.google.com/file/d/1uBUU6HqtDtnflQ\_KVUugl-sumTSyxDsu/view?usp=share\_link
https://drive.google.com/file/d/1bzO50fbjdFirbod6OaFJSWyVd4qhgbQ2/view?usp=share\_link
https://www.freewebheaders.com/transport/porsche-car-headers/

Signed Release Forms:



## RELEASE FORM

Release forms may be handwritten. Illegible forms will not be accepted.

All individuals included in a project, including the official competitor(s),
must sign a Release Form for him/herself for this event.

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

Event #

	WEDSITE VESIGN EAM
Member ID	100073
Team ID (if ap	plicable)
all photograph	nt irrevocably to the use and reproduction (electronically or in print) of any and s and other media taken of me in any form whatsoever for a Business Professionals orkplace Skills Assessment Program Competitive Event.
	granted for any printed matter, video, or audio recording used in conjunction graph(s) and with the use of my name.
I have read this otherwise.	s document and am fully aware of the content and implications, legal and
BPA website fo	n must be completed here and will also be required online if this event is submitted to a r national competition.  Abhiram Velagapudi
Name	
Address	18870,63 rs PLN
City	Mapk Grove State Minney ofazip 55311
A printed copy	with signature(s) must be provided for the judges before you present.
Signature	Abbi Velagapuli
Date	3/9 23
	fication
Parental Veri	
	rent or Guardian
Signature of Par	rent or Guardian der 18 years of age.)



## RELEASE FORM

Release forms may be handwritten. Illegible forms will not be accepted.
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must sign a Release Form for him/herself for this event.
(This form must be completed for all events as specified in the event guidelines.)

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Member ID	100158	1000000	
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I have read th otherwise.	is document and am fully aw	are of the content	and implications, legal and
	on must be completed here and or national competition.	will also be require	ed online if this event is submitted to a
Name	Pranow Gangirelly	7	
Address	16675 61st Aven	ue North	Late Control of the C
City	flymouth	State	Minnesofa ZIP 55446
A printed copy	with signature(s) must be prov	ided for the judges	before you present.
Signature	Plancy Gangirel	i.	
Date	Maau Gangired	7=	
	ification arent or Guardian ader 18 years of age.)		
Signature	alem B		
Date	3/9/2073		

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Release forms may be handwritten. Illegible forms will not be accepted.

All individuals included in a project, including the official competitor(s),
must sign a Release Form for him/herself for this event.

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

Event# 4 5 5						
Event Name Web descon						
Member ID 0091						
Team ID (if applicable)						
I hereby consent irrevocably to the use and reproduction (electronically or in print) of any and all photographs and other media 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, video, 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  45 hrif Rydrana)						
Address 18983 64+n ave N						
City Muple grove State MN ZIP 55311						
A printed copy with signature(s) must be provided for the judges before you present.						
Signature #5hvi+						
Date 3/04/23						
Parental Verification						
Signature of Parent or Guardian (If person is under 18 years of age.)						
Signature						
Date 3/01/23						