



## 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.
- This information will also be required when you submit your pre-submitted information on-line.
- The Contestant Number is the same as the Member Number in the BPA On-line Registration System.

**Event Name:** Software Engineering Team

**Event #:** V03

**Team#:** Team Trapomino, 02 -1023, 02 -1267

**Date:** 2/19/15

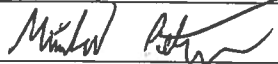


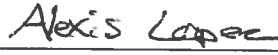
**Software Used (if applicable):** Java 7+

**URL (if applicable):** trapomino.hyalinehost.com or tinyurl.com/SET-Team-Trapomino

Name Micheal Peterson	Contestant # 02 -1023 -0003	Grade 12
Name Jack Baumann	Contestant # 02 -1023 -0001	Grade 12
Name Patrick Edelen	Contestant # 02 -1023 -0002	Grade 11
Name Alexis Lopez	Contestant # 02 -1267 -0017	Grade 12
Chapter Name Clear Lake High School	Advisor Diane Wilson	
City, State, ZIP Houston, TX, 77058		
School Phone 281 - 284 - 1900	Fax 281 - 286 - 3249	Advisor E-mail DWilson1@ccisd.net

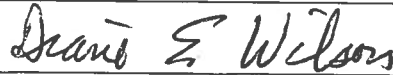
### Student Verification

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 2/20/15
Student signature 	Date 2/20/15
Student signature 	Date 2/20/15
Student signature 	Date 2-20-15

### 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 2-20-15
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## RELEASE FORM

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

**Event Name: Software Engineering Team**

**Event #: V03**

**Contestant ID#: 02 – 1023 - 0003**

**Team ID# (if applicable): 02 -1023, 02 -1267**

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	Micheal Peterson
Address	15918 Buccaneer Ln
City , State, ZIP	Houston, TX, 77062

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

Signature: 

Date: 10/2/14

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

Date: 10/1/14



## RELEASE FORM

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

**Event Name: Software Engineering Team**

**Event #: V03**

**Contestant ID#: 02 - 1023 - 0001**

**Team ID# (if applicable): 02 -1023, 02 -1267**

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	John Baumann
Address	15407 Park Estates Ln
City , State, ZIP	Houston, TX, 77062

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

Signature: 

Date: 10/7/14

Signature of Parent or Guardian:

(If person is under 18 years of age.)

Date:

10/7/14





## RELEASE FORM

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

**Event Name: Software Engineering Team**

**Event #: V03**

**Contestant ID#: 02 – 1023 - 0002**

**Team ID# (if applicable): 02 -1023, 02 -1267**

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	Patrick Edelen
Address	15802 Longvale Dr
City , State, ZIP	Houston, TX, 77059

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

Signature:

Date:

2/19/2015

Signature of Parent or Guardian:

(If person is under 18 years of age.)

Date:

2-19-15



## RELEASE FORM

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

**Event Name: Software Engineering Team**

**Event #: V03**

**Contestant ID#: 02 – 1267 - 0017**

**Team ID# (if applicable): 02 -1023, 02 -1267**

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	Alexis Lopez
Address	16388 Laurelfeld Dr
City , State, ZIP	Houston, TX, 77059

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

Signature: *Alexis Lopez*

Date: *2-20-15*

Signature of Parent or Guardian:

(If person is under 18 years of age.)

Date: