



Team Judged Event Presubmission Information

*This form is for **team events** that have URLs required for their project.*

Date:			
Event Name:			
Event #:			
Chapter Name:			
Chapter ID #:			
Team Captain's Member/Participant ID #:			
Advisor's Name:			
Advisor's Email Address:			
Advisor's Mobile Phone:			
URL #1 Description:			
Clickable URL #1:			
URL #2 Description: (if applicable)			
Clickable URL #2:			
URL #3 Description: (if applicable)			
Clickable URL #3:			

If any URLs above require passwords to access the site or video, please indicate the passwords above as well.

In addition to the information above, please ensure you also include the Works Cited, signed Release Forms, and any additional specific items required for the event as indicated in the WSAP Guidelines.



RELEASE FORM

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

All individuals included in a project must sign a Release Form for

him/herself for this event, including the official competitor.

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

Event # _____

Event Name _____

Contestant # _____

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 _____

Address _____

City _____ **State** _____ **ZIP** _____

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

Signature _____

Date _____ 11/29/2024

Parental Verification

Signature of Parent or Guardian

(If person is under 18 years of age.)

Signature _____

Date _____ 11/29/2024



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

Event # 435
Event Name Website Design Team
Contestant # 00093876
Team ID (if applicable) 435-S-5600381

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 Rudradip Ray
Address 2831 Chaseway Dr.
City Ann Arbor State MI ZIP 48105

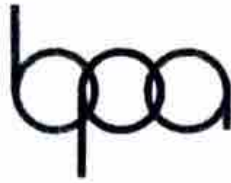
A printed copy with signature(s) must be provided for the judges before you present.

Signature Rudradip Ray
Date 11-26-2024

Parental Verification

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

Signature Dipankar Ray
Date 11/26/2024



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RELEASE FORM

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him/herself for this event, including the official competitor.
(This form must be completed for all events as specified in the event guidelines.)

Event # 435
Event Name Website Design Team
Contestant # 00168987
Team ID (if applicable) 435-5-5600381

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 Terrian Sun
Address 1453 Creebend Ct
City Ann Arbor State Michigan ZIP 48104

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

Signature 
Date 10-20-24

Parental Verification

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

Signature 
Date 10-20-2024

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