

Registration Form

TEAM INFORMATION	
Team Name:	
University Name:	
City / Campus:	
STUDENT #1 (Primary Point of Contact for Team)	
First Name:	
Last Name:	
Email:	
Cell:	
Anticipated Year of Graduation:	
STUDENT #2 (Optional)	
First Name:	
Last Name:	
Email:	
Cell:	
Anticipated Year of Graduation:	
STUDENT #3 (Optional)	
First Name:	
Last Name:	
Email:	
Cell:	
Anticipated Year of Graduation:	
STUDENT #4 (Optional)	
First Name:	
Last Name:	
Email:	
Cell:	
Anticipated Year of Graduation:	
STUDENT #5 (Optional)	
First Name:	
Last Name:	
Email:	
Cell:	
Anticipated Year of Graduation:	

Students can submit questions about the Challenge via email at mbachallenge@arvella.com.