

Team Number: _____ Country or Region: _____

School: _____

DATE AND TIME TEAM CHECKED IN: _____**COMPETITORS CHECKING IN**

(all competitors must be students registered as team members with the ILSA Executive Office)

1. _____
First Name Last Name Signature2. _____
First Name Last Name Signature3. _____
First Name Last Name Signature4. _____
First Name Last Name Signature5. _____
First Name Last Name Signature**ACCOMPANYING TEAM ADVISORS (COACHES & FACULTY ADVISORS)**_____
First Name Last Name_____
First Name Last Name**CONTACT INFORMATION DURING THE INTERNATIONAL ROUNDS**

Name of Contact Person during the Competition: _____

Email of Contact Person during the Competition: _____

Phone number where Contact Person can be reached during the Competition (preferably mobile phone or hotel phone with room number): _____