



## TEAM MEMBER INFORMATION FORM

Please list the team advisor(s) and each team member's name, along with meal preferences and return to the address below.

University: \_\_\_\_\_ Team Name: \_\_\_\_\_

<b>Advisor(s)</b>	<b>(Please print)</b>	<b>Vegetarian</b>	<b>*Allergies/ Dietary Restrictions</b>
_____		Yes    No	_____
_____		Yes    No	_____
<b>Student Name</b>	<b>(Please print)</b>		
_____		Yes    No	_____
_____		Yes    No	_____
_____		Yes    No	_____
_____		Yes    No	_____
_____		Yes    No	_____

\*Please note that you need to declare your allergies and dietary restrictions on this form. Failing to do so, will mean that we will not be able to accommodate your dietary restrictions. Please only list advisor (s) and team members that will be attending the SCIC.



## PRIZE MONEY FORM

Please provide payee information & mailing address for prize money below.

University Name\* \_\_\_\_\_

Department Name \_\_\_\_\_

Faculty Advisor /Contact Person \_\_\_\_\_

University Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Team Name \_\_\_\_\_

\*Team members or competing companies cannot be paid directly. The represented University is the only entity that can receive payment from the University of Manitoba.

Please fax this completed form to 204.474.7698, by **February 27, 2012** to:

**Stu Clark Centre for Entrepreneurship  
526 – 181 Freedman Crescent  
Winnipeg, Manitoba  
R3T 5V4  
Canada**