



ENTRY FORM

WEAO STUDENT DESIGN COMPETITION 2021

Name of University:

Name of Team (optional):

Name of Contact Person (Team Leader):

Address:

City: Province: Ontario Postal Code:

Email:.....

Name of Faculty Advisor:

Address:

City: Province: Ontario Postal Code:

Email:.....

Name of Consultant Advisor:

Company:

Address:

City: Province: Ontario Postal Code:

Email:.....

Names of Team Members: (use additional pages if necessary)

Name	Email Address	Program	Year/ Level	WEAO Member Number