

Team Registration Form

Teams must complete a hard copy of this registration form. Staple team resumes (maximum ½ page each) directly to this form. See the Guidelines for Entry for further information. Teams must also submit a Concept Proposal (Refer to Concept Proposal Template) by the registration date.

1. Team/Business Name

2. Brief description of Concept Proposal/Business Plan

(By completing this section, a Team agrees that the brief description should be made available for disclosure to the media and general public in connection with the echallenge):

3. Agreement to Terms and Conditions of Entry

In signing below, each Team Member:

- Has read, understood and agrees to be bound by the Terms and Conditions of Entry to the University of Adelaide Entrepreneurs' Challenge (eChallenge), The Singapore Challenge found at the website located at www.adelaide.edu.au/sg/echallenge
- Understands that best efforts will be used by the University of Adelaide to ensure the confidentiality of submissions from Teams including Concept Proposals, Business Plans, and other information arising in the course of the competition and agrees to release the eChallenge Organiser, Judges, Mentors and Sponsors from any further liabilities, responsibilities and accountabilities arising from or in relation to the eChallenge.

Team Members and Primary Contact Details

Please indicate the details of the Primary Contact Person for your Team. The Organiser will correspond on all matters relevant to The Singapore Challenge to the Primary Contact Person. Kindly ensure that all fields are completed.

Member 1 (Primary Contact Person)

Name:		
Date of Birth:		
Institution:	Current Student / Alumni	
Course:		
Current Status (for alumni):	Working – Company Name: Studying – Institution: Others:	
Supervisory Lecturer:		
Mailing Address:		
E-mail Address:		
Contact No.:	Mobile No.:	

Member 2

Name:		
Date of Birth:		
Institution:	Current Student / Alumni	
Course:		
Current Status (for alumni):	Working – Company Name: Studying – Institution: Others:	
Supervisory Lecturer:		
Mailing Address:		
E-mail Address:		
Contact No.:	Mobile No.:	

Member 3

Name:		
Date of Birth:		
Institution:	Current Student / Alumni	
Course:		
Current Status (for alumni):	Working – Company Name: Studying – Institution: Others:	
Supervisory Lecturer:		
Mailing Address:		
E-mail Address:		
Contact No.:	Mobile No.:	

Team Members and Primary Contact Details

Member 4

Name:		
Date of Birth:		
Institution:	Current Student / Alumni	
Course:		
Current Status (for alumni):	Working – Company Name: Studying – Institution: Others:	
Supervisory Lecturer:		
Mailing Address:		
E-mail Address:		
Contact No.:	Mobile No.:	

Member 5

Name:		
Date of Birth:		
Institution:	Current Student / Alumni	
Course:		
Current Status (for alumni):	Working – Company Name: Studying – Institution: Others:	
Supervisory Lecturer:		
Mailing Address:		
E-mail Address:		
Contact No.:	Mobile No.:	