## 2020 ACI EGG PROTECTION DEVICE COMPETITION

Raleigh, NC — Sunday, October 25, 2020

## OFFICIAL INFORMATION FORM

Conducted by ACI Committee S801, Student Activities Committee

This form is to be submitted digitally by 11:59 p.m. EST on October 7, 2020 and as a hard copy with the specimen on or before October 25 2020, at the teams scheduled check-in time. See rules for details/information

Name of School			Entry ID Marking
Faculty Advisor			(5 characters of your choice)
Student Team (limited to 8 students). Names of Students: (Please type or print CLEARLY)			*ID must not be crude. It MUST appear on the specimen and match that submitted in team registration.
Name	Phone	Email	
Student 1:			
Student 2:			
Student 3:			
Student 4:			
Student 5:			
Student 6:			
Student 7:			
Student 8:			

With the following signatures (REQUIRED), the applica scheduled start of testing.	ints indicate their intent to read	the contest rules and follow them	or to withdraw from the contest prior to the
1	5		
2	6		
3	7		
4	8		
TO BE SIGNED BY THE FACULTY ADVISOR: To the best of my knowledge, this information is correct. compliance with the rules.	. The students have adhered to f	the official rules of the contest, the	e specimens have been made and are in
Signature	Date		

TO BE SIGNED BY THE STUDENT TEAM: