

Participant/Team Registration Form

Intern Company Sponsor Information

Company Name: _____

Sponsor's Name: _____

Sponsor's Email: _____ Phone: _____

Participant Information

Your Name: _____

Team Name
(if in a group): _____

Your Email: _____

I am: A high school student A college student Not in school

If participant is a minor (under 18), a parent/guardian signature is also required:

Parent/Guardian's Printed Name Parent/Guardian's Signature Date

Please complete and return a pdf or scanned copy of this form to internchallenge@cewd.org.