

FIRST Tech Challenge (FTC)!

Team Application

Team Status	s: ☐ Returning Team (\$2	50 per team) \square N	lew Team (\$450 រុ	per team)	
SECTION 1: TEAM CONTACT INFORMATION					
Coach Troo	p #	Coach Name/T-Shir	: Size:		
Phone		E-mail			
Address			City		Zip Code
Co-Coach's	Name/T-Shirt Size	Mentor Name/T-Sh	rt Size:		
Phone		E-mail			
Girl Scout L	evel(s): ☐ Cadette ☐ Se	enior 🗆 🗆 Ambassa	dor Grades 7-1	.2 only!	
# of girls on team : (minimum 3, maximum 10) * Please remember to have the correct adult to girl ratio for meetings and events, in compliance with Volunteer Essentials, page 31: Safety-Wise.					
SECTION 2: TEAM MEMBER INFORMATION					
Name of	f Girl	T-Shirt Size	Troop #	Date of	Birth
1. 2.					
3.					
4.					
5. 6.					
7					
8.			-		
9.					
10.					
SPECIAL NEEDS INFORMATION					
	☐ Wheelchair Accessibility	☐ Sign Language In	terpreter \Box	l Physical Assistance	
☐ Other:					
I have read the 2016-17 FIRST Tech Challenge (FTC) Info Sheet and understand the commitment my team and I will be					
making. I agree to take responsibility for my team's fulfillment of the program requirements.					
Coach's Sig	nature				Date
PAYMENT METHOD					
☐ Cash ☐	☐ Check #:	☐ Credit (circle one):	Visa MC	Discover AMEX	×
Card #:		Exp	. Date:	Amount: \$	
Name on card: Signature					
	-			or indicate e-signature OK)	