

Proposal Cover Sheet

Team Name (optional):						
Date of Submission (MM/DD/YYYY):						
Team Members: Individuals and teams of up to 5 people are eligible to participate. Participants must be between 18 and 35 years old on September 1, 2015. Please complete the information below.						
1.	Prefix:	First Name:	Last:	Country:	DOB (MM/DD/YYYY):	
	Status:	Occupation (or field of study/major):		Type of organization:		
2.	Prefix:	First Name:	Last:	Country:	DOB (MM/DD/YYYY):	
	Status:	atus:Occupation (or field of study/major):		Type of organization:		
3.	Prefix:	First Name:	Last:	Country:	DOB (MM/DD/YYYY):	
	Status:	Occupa	ation (or field of study/major):	Type of organization:		
4.	Prefix:	_ First Name:	Last:	Country:	DOB (MM/DD/YYYY):	
	Status:	s:Occupation (or field of study/major):		Type of organization:		
5.	Prefix:	First Name:	Last:	Country:	DOB (MM/DD/YYYY):	
	Status:	Status: Occupation (or field of study/major):		Type of organization:		
	Team Captain: If applicable, please list the name of your team captain					

Contact Information

Email address:

Selected finalists will be contacted via email.