

Facebook).

Registration Form

 Please specify the name of the team. How many members is the team made of? 	
3. Please provide the contact information of the team members in the table below.	
Name:	Name:
email address:	email address:
phone number:	phone number:
please thick the box if this team member is the team leader	please thick the box if this team member is the team leader
Name:	Name:
email address:	email address:
phone number:	phone number:
please thick the box if this team member is the team leader	please thick the box if this team member is the team leader
Name:	Name:
email address:	email address:
phone number:	phone number:
please thick the box if this team member is the team leader	please thick the box if this team member is the team leader
4. Please specify the name of the school you are attending.	
5. Have you (or any of the team members) ever taken business-related courses, if yes, which?	
6. Do you (or any of the team members) have any work experience (e.g., summer work or volunteering)?	
Please tick the box if you agree to have your pic and to have them shared by BSL on its online social r	- ,