

AFFILIATE OF



# 2018 MICHIGAN HR GAMES October 17, 2018 COLLEGIATE TEAM ENTRY FORM

Entry form and \$20 registration fee per team (checks payable to Michigan Council of SHRM) must be returned no later than September 17, 2018 to: Dr. Amy McGinnis, Director of College Relations, MISHRM, 204B Smith Hall, Management Department, Mount Pleasant, MI 48859.

University: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Team 1	Team 2
Team Captain:	Team Captain:
E-Mail:	E-Mail:
Cell Phone:	Cell Phone:
Team Member #2:	Team Member #2:
Team Member #3:	Team Member #3:
Alternate (optional):	Alternate (optional):

\_\_\_\_\_  
Student Chapter Advisor Signature

\_\_\_\_\_  
Date

Any specific food needs? Vegetarian? How many? \_\_\_\_\_

Is anyone in need of special accommodations? Yes No

If yes, provide name and accommodation needed: \_\_\_\_\_  
\_\_\_\_\_