

AFFILIATE OF



2019 MICHIGAN HR GAMES
October 9, 2019
COLLEGIATE TEAM ENTRY FORM

Please type or print.

Entry form and \$25 registration fee per team (checks payable to Michigan Council of SHRM) must be returned no later than September 13, 2019 to: Dr. Amy McGinnis, MISHRM College Relations Director, 204B Smith Hall, Mount Pleasant, MI 48859.

University: _____

Advisor Name: _____ E-Mail: _____

Address: _____

Work Phone: _____ Cell Phone: _____

Table with 2 columns: Team 1, Team 2. Rows include Team Captain, E-Mail, Home Phone, Team Member #2, Team Member #3, and 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: _____