DEPARTMENT OF ACCOUNTING
CASE COMPETITION APPLICATION
Fall 2019

(LAST NAME)                      (FIRST NAME)                      (M.)

ADDRESS:

(STREET)

(CITY)                      (STATE)                      (ZIP)

CWID#:______________________    CELL PHONE #: ________________________

E-MAIL: ______________________  GRADE LEVEL: SOPHMORE/ JUNIOR/SENIOR/GRAD

UNITS ENROLLED FALL 2019: ________  EXPECTED GRADUATION DATE: __________

DO YOU HAVE A SET TEAM IN MIND?    YES ______     NO _____

IF YES, LIST THE NAMES OF THE MEMBERS (PRINT NAMES).
  1.
  2.
  3.
  4.

AFFILIATION:  AS CLUB _____    BAP CLUB _____    VITA _______    OTHER _______

The winning 1st, 2nd and 3rd place teams will be announced soon after the presentation on
November 8, 2019