



Association for Corporate Growth  
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## ACG CUP® CLEVELAND REGISTRATION FORM

*Please fill out the form below as completely as possible. Completed forms can be scanned and emailed back to the ACG Cleveland administrative office [admin@acgcleveland.org](mailto:admin@acgcleveland.org)*

### School Information

**School Name** \_\_\_\_\_

**Advisor Name** \_\_\_\_\_

**Advisor Email** \_\_\_\_\_

**Advisor Phone No.** \_\_\_\_\_

### Competitor Information

<b>Student Name</b>	_____
	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
<b>Student Email</b>	_____
<b>Student Phone</b>	_____
<b>Residential Address</b>	_____ _____
<b>Student Birthdate</b>	_____

<b>Student Name</b>	_____
	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
<b>Student Email</b>	_____
<b>Student Phone</b>	_____
<b>Residential Address</b>	_____ _____
<b>Student Birthdate</b>	_____

<b>Student Name</b>	_____
	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
<b>Student Email</b>	_____
<b>Student Phone</b>	_____
<b>Residential Address</b>	_____ _____
<b>Student Birthdate</b>	_____

<b>Student Name</b>	_____
	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
<b>Student Email</b>	_____
<b>Student Phone</b>	_____
<b>Residential Address</b>	_____ _____
<b>Student Birthdate</b>	_____

<b>Student Name</b>	_____
	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
<b>Student Email</b>	_____
<b>Student Phone</b>	_____
<b>Residential Address</b>	_____ _____
<b>Student Birthdate</b>	_____

Please return the completed registration form to Sandy Habecker,  
ACG Cleveland Chapter Executive – [admin@acgcleveland.org](mailto:admin@acgcleveland.org)