



APPLICATION

NAMES OF TEAM MEMBERS

1. TEAM LEADER _____
ADDRESS _____
EMAIL _____
TELEPHONE _____
UNIVERSITY OR PROFESSION _____

2. TEAM MEMBER _____
ADDRESS _____
EMAIL _____
TELEPHONE _____
UNIVERSITY OR PROFESSION _____

3. TEAM MEMBER _____
ADDRESS _____
EMAIL _____
TELEPHONE _____
UNIVERSITY OR PROFESSION _____

4. TEAM MEMBER _____
ADDRESS _____
EMAIL _____
TELEPHONE _____
UNIVERSITY OR PROFESSION _____

5. TEAM MEMBER _____
ADDRESS _____
EMAIL _____
TELEPHONE _____
UNIVERSITY OR PROFESSION _____

(NO LIMIT ON TEAM MEMBERS)

NAMES OF TEAM ADVISOR(S) PLEASE GIVE NAMES & CONTACT INFORMATION FOR ALL ADVISORS.

TEAM ADVISOR _____
ADDRESS _____
EMAIL _____
TELEPHONE _____
UNIVERSITY OR PROFESSION _____

TEAM ADVISOR _____
ADDRESS _____
EMAIL _____
TELEPHONE _____
UNIVERSITY OR PROFESSION _____

TEAM ADVISOR _____
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EMAIL _____
TELEPHONE _____
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REMINDER: All submissions of final projects must be accompanied by a \$50.00 dollar check or money order, payable to Museum and Cultural Affairs Department, with reference to Binational Design Competition in the check Memo field, postmarked by Monday, May 14, 2007

TEAM CODE: (EACH TEAM MUST DESIGNATE THEIR OWN **FOUR NUMERICAL DIGIT** CODE.)

PLEASE RETURN YOUR TEAM CODE AS QUICKLY AS POSSIBLE TO

El Paso Museum of Art

Bi-National Design Competition

1 Arts Festival Plaza

El Paso, Texas 79901

YOUR CODE WILL BE POSTED ON OUR WEB SITE newtexas.org & WILL BE USED FOR UPDATES & IMPORTANT INFORMATION.