



FIRST NATIONS
DEVELOPMENT INSTITUTE



BUSINESS PLAN COMPETITION

CHAPERONE FORM

Use this form if ALL members of your team are below the age of 21.
Your chaperone must be 21 years old or older.

Team Members Names: _____

Name of Chaperone _____

Address: _____

City: _____ State: _____ Postal Code: _____

Date of Birth: _____

Phone Number (day): _____

Phone Number (evening): _____

Mobile: _____

E-mail: _____

CONSENT (please read carefully)

I agree to serve as the chaperone for the team members listed on this form. I will travel with them to the Business Plan Competition and RES Conference. I also agree to accompany them throughout the event including but not limited to traveling nationally to Las Vegas, Nevada, and escorting the team through casinos to and from the event location. I have read and agreed to the above chaperone responsibilities while at this co-sponsored event.

Signature Date: