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| **ARCASIA Students’ Architectural Design Competition 2017****Entry Form****Thank you for applying for ARCASIA Students’ Architectural Design Competition 2017.*** **Please submit your entry form in pdf format together with a design statement of 500 words maximum in English in .doc format (font size: 12), as well as one pdf (10Mb or less) file containing one A1-sized (594mm x 841mm) in landscape graphic layout.**
* **The closing date of submission is 10th September 2017.Please submit to your respective National Architectural Institutions (NIAs). Late submission will not be considered.**
* **Please fill in names and other particulars of the team members should the submissions be in team basis.**
* **For details and eligibility of competition, please refer to** [**www.arcasia.org**](%20http%3A/www.arcasia.org/)
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| **Name of Entry:** |
|  |
| **Contact Person and Applicant’s Details:** |
| *Surname:* |
| *First name(s):* |
| *Academic Year in 2016/17 Fall Semester:*  |
| *Course:* |
| *Institution:* |
| *Student ID Number:* |
| *Postal Address:* |
| *Email Address:* |
| *Mobile Number:* |
| *Other Telephone Number:* |

**DECLARATION**

\*  I hereby declare that the information provided in this submission is true and accurate. I/We shall be responsible as the primary author of the design submitted herewith. To the Organizer, I/we hereby assign all the rights of using the design for promotion and exhibition purpose.

Signature of the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\*Please check the box for full completion.)

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| **Team Member 2 Details:** |
| *Surname:* |
| *First name(s):* |
| *Academic Year in 2016/17 Fall Semester:*  |
| *Course:* |
| *Institution:* |
| *Student ID Number:* |
| *Postal Address:* |
| *Email Address:* |
| *Mobile Number:* |
| *Other Telephone Number:* |

(Applicable to team submission only)

**DECLARATION**

\*  I hereby declare that the information provided in this submission is true and accurate. I/We shall be responsible as the primary author of the design submitted herewith. To the Organizer, I/we hereby assign all the rights of using the design for promotion and exhibition purpose.

### Signature of the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(\*Please check the box for full completion.)

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| **Team Member 3 Details:** |
| *Surname:* |
| *First name(s):* |
| *Academic Year in 2016/17 Fall Semester:*  |
| *Course:* |
| *Institution:* |
| *Student ID Number:* |
| *Postal Address:* |
| *Email Address:* |
| *Mobile Number:* |
| *Other Telephone Number:* |

(Applicable to team submission only)

**DECLARATION**

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### Signature of the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(\*Please check the box for full completion.)

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| **Team Member 4 Details:** |
| *Surname:* |
| *First name(s):* |
| *Academic Year in 2016/17 Fall Semester:*  |
| *Course:* |
| *Institution:* |
| *Student ID Number:* |
| *Postal Address:* |
| *Email Address:* |
| *Mobile Number:* |
| *Other Telephone Number:* |

(Applicable to team submission only)

**DECLARATION**

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### Signature of the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(\*Please check the box for full completion.)

**(Please extend the entry form should it be needed.)**