HITCTF 2020 Registration Form

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| **University** |  | **Logo Of Team** |
| **Name of Team** |  |
| **Team** | **Name** | **Phone Number** | **Email** |
| **Instructor** |  |  |  |
| **Team leader** |  |  |  |
| **Team member** |  |  |  |
| **Team member** |  |  |  |
| **Team member** |  |  |  |
| Team photo (Instructor + four team members) Remarks: Ensure that the group photo and logo are clear |

School/Department (Seal):

Time: November 2020