



Independent Team Affidavit Form

NEW YORK (ALBANY)

Future City Team Name: _____

Team Leader/Educator: _____

Organization (If Applicable): _____

Student Names, School (If Applicable), and School Grade:

Student Name:	School:	Grade:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If any above named students are home schooled, I verify they are in compliance with all home school laws in New York. Furthermore, I verify this team does not contain students of a school already participating in this year's Future City Albany, NY Competition. Lastly, I declare that I belong to an official, educational affiliate.

Team Leader Signature

Date