



New Venture Creation Contest Official Submittal Form

Name: _____

Address, City, State, Zip:

Phone: _____

Team Leader E-mail address: _____

Names, addresses, phone numbers, and e-mail addresses of all team members:

Name	Address, City, Zip	Phone Number	E-Mail Address

Name of business being submitted: _____

EIN# _____ Organizational Structure: _____

FORM CONTINUES ON NEXT PAGE

Each of us agrees to the rules for the New Venture Creation Contest as printed. Furthermore, our signatures verify that the work of the project submitted is the original work of only those whose names are listed above as team members. Our signatures also serve as a release for any videotapes of the competition which may include our team (individually or collectively).

All team members must sign. We agree that all decisions of the judges are final.

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____