

# WSU BUSINESS PLAN COMPETITION REGISTRATION FORM

*FULLY complete the following to register the WSU Business Plan Competition. At least half of the team members must be WSU students. Submit to Todd Hall Addition 570.*

Team Name: \_\_\_\_\_

Business Idea: \_\_\_\_\_

Team Leader Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

WSU ID No: \_\_\_\_\_

Major: \_\_\_\_\_

Hometown: \_\_\_\_\_

Second Team Member Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

WSU ID No: \_\_\_\_\_

Major: \_\_\_\_\_

Hometown: \_\_\_\_\_

Third Team Member Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

WSU ID No: \_\_\_\_\_

Major: \_\_\_\_\_

Hometown: \_\_\_\_\_

Fourth Team Member Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

WSU ID No: \_\_\_\_\_

Major: \_\_\_\_\_

Hometown: \_\_\_\_\_

**Certification: I certify that all the work on our business plan is original.** (All team members must sign.)

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