

STUDENT BUSINESS ACCELERATOR FUND

REGISTRATION FORM

Email this form and your contest submission to Professor Rick LeJuerne at rick.lejuerne@washburn.edu.
Only one entry form required per team.

First Name: _____ Last Name: _____

WIN #: _____ E-mail Address: _____

Local/Current Mailing Address: _____
Street Address (Apt #) City State Zipcode

Major: _____ Phone Number: _____

Washburn University Student(s)

Washburn Tech Student(s)

Additional Team Members (if applicable; maximum of three students per team)

First Name: _____ Last Name: _____

WIN #: _____ E-mail Address: _____

Local/Current Mailing Address: _____
Street Address (Apt #) City State Zipcode

Major: _____ Phone Number: _____

First Name: _____ Last Name: _____

WIN #: _____ E-mail Address: _____

Local/Current Mailing Address: _____
Street Address (Apt #) City State Zipcode

Major: _____ Phone Number: _____