



REGISTRATION FORM

Email this form and your contest submission to Professor Rick LeJuerrne at rick.lejuerrne@washburn.edu. **Submission deadline: Friday, April 11, 2025 at 5:00 p.m.** Only one entry form required per team.

First Name:	Last Name:		
WIN #:	E-mail Address:		
Local/Current Mailing Address:Street Address [Apt #]	Ch.	0	Zipcode
Major:		State	
Washburn University Student(s)		ech Student(s)	
Additional Team Members (if applicable; maximum of three s	students per team)		
First Name:	Last Name:		
WIN #:	E-mail Address:		
Local/Current Mailing Address:Street Address [Apt #]			
Street Address (Apt #) Major:		State	Zipcode
First Name:	Last Name:		
WIN #:	E-mail Address:		
Local/Current Mailing Address:	City		
Street Address (Apt #) Major:	,	State	Zipcode



FUND	
PROPOSAL/BUSINESS INFORMATION	
What is the name of the business and/or product/service?	
	(Limited to one line)
Brief description of product/service:	
	(Limited to 800 characters)
What is the value proposition statement for your idea?	
	(Limited to 275 characters)
What is the \$ amount of your request?	
	(Limited to 30 characters)

