SPU Social Venture Plan Competition 2015
Official Submission Form

Due March 13th, 2015, McKenna Hall, SBE Office, 2nd Floor, by 5:00 pm
(This form must be either signed and scanned before sending or physically submitted to SBE.)

Team name ___________________________________________________________

Primary contact or team leader name _________________________________________

Primary contact or team leader phone number _________________________________

For the next section, please list all team members, record the college or university they attend and indicate their level of involvement with the project. For involvement level, if a team member only assisted with the written business plan mark W, if a team member will only be presenting at the Showcase Round, mark S and if they participated in both phases of the competition mark B.

<table>
<thead>
<tr>
<th>Names (SPU students include ID numbers)</th>
<th>E-mail Address</th>
<th>School</th>
<th>Involvement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(all team members must be currently enrolled students)</td>
<td></td>
<td></td>
<td>(W, S or B)</td>
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</table>

Primary Contact:
1. __________________________________  ________________  _________  _________

Other Team Members:
2. __________________________________  ________________  _________  _________
3. __________________________________  ________________  _________  _________
4. __________________________________  ________________  _________  _________
5. __________________________________  ________________  _________  _________
6. __________________________________  ________________  _________  _________

Venture background information:

Is your venture in operation? Yes ___ or No ___
If yes, months in operation: _________ months

Have you raised seed money to date? Yes ___ or No ___
If yes, total capital raised: $______________

Has your venture generated revenue to date? Yes ___ or No ___
If yes, total annual revenue: $______________

Has this project been entered in other competitions? Yes ___ or No ___
Showcase Round: April 16th, 2015, 2:00 – 6:00 p.m., upper Gwinn Commons

SPU is not responsible for any loss or damage incurred to personal property before, during or after the Social Venture Plan Competition. Please keep this in mind when deciding what to bring and how your display will be set-up for viewing by the public. You will be responsible for securing and monitoring your display and presentation equipment.

The team members you list here will be provided with nametags. Four team members will be allowed to engage the judges during the Showcase Round at any one time. Teams can rotate presenters as desired but may have a maximum of four presenters at any given time.

Showcase Round presenters:

1. _____________________________  
2. _____________________________  
3. _____________________________  
4. _____________________________  
5. _____________________________  
6. _____________________________

Will your display require electricity during the Showcase Round? Yes ___ or No ___

Do you have any special needs for your display for which you would like to request assistance during the Showcase Round? Please explain.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

(SVPC staff will do their best to assist with your request, but we cannot guarantee that every request will be accommodated. Special requests that are deemed to provide teams with an unfair advantage may be disallowed.)

Statement of Originality/Confidentiality

We represent that any idea, discovery, invention, or concept disclosed in the venture plan originated with one or more members of the team or is being used with appropriate permission from and acknowledgment of its rightful owner. Further, we understand that Seattle Pacific University, the School of Business, Government and Economics, and the Center for Applied Learning make no commitment that the venture plans shall be kept secret. By submitting this form we agree to these terms.

Signed (by primary contact person)

____________________________________________________________________

Date