**Social Venture Plan Competition 2012-13**
**Seattle Pacific University**

**Intent to Submit Social Venture Plan Form:**
**Due February 5th, 2013, 5:00 p.m.**

Submit your completed form to the School of Business and Economics, second floor, McKenna Hall. Alternately, you may send the completed form to the Center for Applied Learning, cal@spu.edu or fax it to 206.281.2733, Attn: SVPC.

General Information

Team Name _____

Primary contact phone number _____

| Team member names | E-mail address | Academic Major | School Affiliation |
|---|---|---|---|
| Primary Contact: | | | |
| 1. _____ | _____ | _____ | _____ |
| Other Team Members: | | | |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ |

(All team members must be current college or university students.)

Summary of venture plan idea:

Other 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 ___

I hereby give permission to SPU's School of Business and Economics and the Social Venture Plan Competition faculty and staff to release team contact information (e.g. phone numbers and /or email addresses) to interested individuals who inquire about a specific team.

Yes ___ or No ___

We acknowledge that we have read the Official Rules for the 2012-13 Social Venture Plan Competition and will abide by them.

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 its rightful owner. Further, we understand that Seattle Pacific University, the School of Business 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.

_____ _____

**Signature (team leader or primary contact)** **Date**