**Social Venture Plan Competition 2018-19**  
**Seattle Pacific University**

**Intent to Submit Social Venture Plan Form:**  
**Due February 5, 2019, 5:00 p.m.**

Submit your completed form to the School of Business, Government and Economics, second floor, McKenna Hall. You may also 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 _______________________________________________

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<tr>
<th>Team member names</th>
<th>E-mail address</th>
<th>Academic Major</th>
<th>School Affiliation</th>
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<td>Other Team Members:</td>
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(All team members must be current college or university students.)
Brief 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 ___
   If so, which ones?

I hereby give permission to SPU’s School of Business, Government and Economics and its 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 2018-19 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, 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.

_______________________________________________                          _______________
Signature (team leader or primary contact)                        Date