



## Intent to Participate Form

### 2009 Regnier Family Foundations Venture Creation Challenge

Venture Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Year in School:    1<sup>st</sup> Undergraduate    2<sup>nd</sup> Undergraduate    3<sup>rd</sup> Undergraduate    4<sup>th</sup> Undergraduate

Graduate                      Other: \_\_\_\_\_

Major / School: \_\_\_\_\_ / \_\_\_\_\_

Teammates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### For Class Track Teams Only

Instructor: \_\_\_\_\_

Course: \_\_\_\_\_

Please email or fax this form no later than 5:00 p.m., Friday, February 13, 2009 to:

Institute for Entrepreneurship & Innovation

University of Missouri-Kansas City  
816-235-6529 [fax]  
venturechallenge@umkc.edu

#### For IEI Use Only:

Team #: \_\_\_\_\_

Receive on Time: \_\_\_\_\_

Confirmation Sent: \_\_\_\_\_