

Competition Contestants need to submit this form with their submission to the competition.

Business Plan Lead Contact Information:

Full Name: _____ Age: _____ Date of Birth: _____
Cell Phone: _____ Home Phone: _____
Street: _____ City/Town: _____ Zip: _____
Email: _____
Highest Grade Completed: _____ School/Org. Involved with: _____
Sponsor/Teacher: _____ Email: _____

Additional Business Partners Information:

Full Name: _____ Age: _____ Date of Birth: _____
Cell Phone: _____ Home Phone: _____
Street: _____ City/Town: _____ Zip: _____
Email: _____
Highest Grade Completed: _____ School/Org. Involved with: _____
Sponsor/Teacher: _____ Email: _____

Full Name: _____ Age: _____ Date of Birth: _____
Cell Phone: _____ Home Phone: _____
Street: _____ City/Town: _____ Zip: _____
Email: _____
Highest Grade Completed: _____ School/Org. Involved with: _____
Sponsor/Teacher: _____ Email: _____

Full Name: _____ Age: _____ Date of Birth: _____
Cell Phone: _____ Home Phone: _____
Street: _____ City/Town: _____ Zip: _____
Email: _____
Highest Grade Completed: _____ School/Org. Involved with: _____
Sponsor/Teacher: _____ Email: _____

It is important that this information is submitted with your business plan because it is used to inform contestants if they are invited to participate in the presentation phase and to cut the checks of the final winners. Please send this form in with your business plan entry to Nbatista@masshireghwb.org. For additional questions or concerns please email or call us at 508-584-9800 ext. 23