

# 2008 Donald W Reynolds Governor's Cup

*Managed by:*

**Arkansas Economic Acceleration Foundation**

*an affiliate company of:*

**The Arkansas Capital Corporation Group**

*in association with:*

Arkansas Small Business Development Center  
Arkansas Economic Development Commission  
Arkansas Development Finance Authority  
Arkansas Science and Technology Authority

## Student Business Plan Competition

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### OFFICIAL BUSINESS PLAN SUBMITTAL FORM

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*To be officially entered into the competition, all entrants must complete this form and sign, date and return it with their business plan submittal.*

Please type print all information clearly

**Please select the track your team is entering:**

Undergraduate Track: \_\_\_\_\_ Graduate Track: \_\_\_\_\_

**Please provide a two sentence description (max 50 words) of your business plan for use in the event program and other promotional materials:**

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**Please provide the following information on your team's FACULTY ADVISOR. The faculty advisor listed will be named in the lunch program.**

Name of Primary Faculty Advisor: \_\_\_\_\_

Title of Faculty Advisor: \_\_\_\_\_

Name of School & Department: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Please provide the following information on the STUDENTS from your team:**

Student Team Leader: \_\_\_\_\_  
 Complete Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Student: \_\_\_\_\_  
 Complete Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Student: \_\_\_\_\_  
 Complete Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Student: \_\_\_\_\_  
 Complete Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Student: \_\_\_\_\_  
 Complete Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**We, the undersigned, have read, understand and agree to adhere to the rules, guidelines and submission requirements as established by the Arkansas Economic Acceleration Foundation and The Arkansas Capital Corporation Group. We understand that it is our obligation to see that our team meets all deadlines. We also understand that the enclosed business plan submittal must represent our original work.**

Signature of Each Team Member Required:

Date Signed:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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Checklist:

Yes	No

Business Plan  
 W-9/W8BEN  
 Read Rules and Guidelines