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|  | **2019 NYS****Business Model Competition****Wednesday, May 22nd from 8am – 4pm****Siena College, Albany NY 12211** | S:\GROW\HS BModel Comp\2019\Competition Logos\NYS HS BMC_2019_blue.png |

Student/Team Registration Form

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| --- | --- |
| High School Name | Street Address |
|  |  |
| City/Town | State, Zip Code |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Teacher/Advisor | Position | Phone# | Email |
|  |  |  |  |
| Principal’s Name |  |  |  |
|  |  |  |  |

Team Name Product/Service Name (if different from team name)

|  |  |
| --- | --- |
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Team Member Names Grade Email (Required)

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How did you hear about the NYS High School Business Model Competition?

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Provide a short, concise description of your business. (What is your product/service, are you solving a problem, who’s benefiting, who cares?)

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|  |

Thank you!

Please submit completed form to Ellyn Ford at ellynf@ceg.org – once received, we’ll send a confirmation via the email provided.