



Youth Entrepreneur Seminar Registration Form

Please Print

Name:

Age:

Address:

City:

State:

Zip:

Email:

Phone:

School:

Facebook/Myspace/Twitter/ Company Web:

Emergency Contact Name:

Emergency Phone:

1. Do you currently own your OWN BUSINESS? Yes or No If yes, explain _____
2. Have you participated in the Youth Entrepreneur Seminar before? Yes or No If yes, what year _____
3. Do you plan to participate in the Youth Entrepreneur Seminar business plan competition this year? Yes or No

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

I understand that withholding information requested, with the exception of the information which was requested voluntary, or giving false information may result in my ineligibility participate in the Youth Entrepreneur Seminar. I hereby give Indiana Black Expo, Inc permission to use and authorize others (media outlets) to use all or any part of my (his/her) interview/photograph/video in IBE related media such as books, magazines, journals, pamphlets, electronic (Internet) and other written and video formats, interview/photograph/video, regardless of the medium by which it is recorded. I also hereby release Indiana Black Expo, Inc. and its directors, its members, volunteers, officers, employees and agents, from any and all claims, demands, causes of action and suits, including but not limited to, claims for invasion of privacy, defamation, breach of contract or other claims arising out of or in connection with the use of information submitted as part of the application packet interview, photograph or video.

Applicant's Signature _____ Date _____

Parents' Signature _____ Date _____

Payment Amount -**FREE**