

ER Monaco Young Entrepreneurs Awards

Student Submission Form

*Please attach to each Business Plan

School: _____

Teacher: _____

Business Name: _____

Partners? YES NO (Circle One)

Student 1:

Grade: _____

Name: _____

Home Address: _____

Home Phone: _____

Email: _____

Student 2:

Grade: _____

Name: _____

Home Address: _____

Home Phone: _____

Email: _____

Student 3:

Grade: _____

Name: _____

Home Address: _____

Home Phone: _____

Email: _____