



UNIVERSITY

Entry Title: _____
University: _____
Association or Organization: (If Applicable) _____

PARTICIPANT # 1

First Name: _____
Last Name: _____
Temporary or School Address: _____
Apt# or Unit#: _____
City: _____ State: _____ Zip: _____
Permanent Address: _____
Apt# or Unit#: _____
City: _____ State: _____ Zip: _____
Telephone #: _____
E-mail: _____
Major: _____
☐ Junior ☐ Senior ☐ Graduate / Grad. Month/Year: _____
University / Organization: _____

PARTICIPANT # 3

First Name: _____
Last Name: _____
Temporary or School Address: _____
Apt# or Unit#: _____
City: _____ State: _____ Zip: _____
Permanent Address: _____
Apt# or Unit#: _____
City: _____ State: _____ Zip: _____
Telephone #: _____
E-mail: _____
Major: _____
☐ Junior ☐ Senior ☐ Graduate / Grad. Month/Year: _____
University / Organization: _____

SIGNATURES

Entries missing required signatures will not be considered for ImagiNations 2010.
In consideration for the opportunity to win an all-expenses-paid-trip to Walt Disney Imagineering and to be considered for an internship opportunity, and for the opportunity for the University or Association or Organization whose signature appears hereon to receive a \$1,000 grant if our entry is adjudged a finalist, I/we understand and agree that any and all submissions will become the sole property of Walt Disney Imagineering and will not be returned. All rights to use these ideas will be retained by Walt Disney Imagineering without expectation by me/us of other consideration. Any offer of an internship or other employment opportunity is expressly contingent on my/our eligibility for employment in the United States.

Participants Signatures *evidencing agreement with the terms and conditions specifically contained herein and those of the overall ImagiNations 2010 Design Competition:*

1. _____ Date: _____
2. _____ Date: _____
3. _____ Date: _____
4. _____ Date: _____

ENTRY DEADLINE

Completed entry forms must be received from **January 1, 2010** through **January 29, 2010**. Qualified participants will be notified to begin the submission process which will be open through **February 26, 2010**.

PARTICIPANT # 2

First Name: _____
Last Name: _____
Temporary or School Address: _____
Apt# or Unit#: _____
City: _____ State: _____ Zip: _____
Permanent Address: _____
Apt# or Unit#: _____
City: _____ State: _____ Zip: _____
Telephone #: _____
E-mail: _____
Major: _____
☐ Junior ☐ Senior ☐ Graduate / Grad. Month/Year: _____
University / Organization: _____

PARTICIPANT # 4

First Name: _____
Last Name: _____
Temporary or School Address: _____
Apt# or Unit#: _____
City: _____ State: _____ Zip: _____
Permanent Address: _____
Apt# or Unit#: _____
City: _____ State: _____ Zip: _____
Telephone #: _____
E-mail: _____
Major: _____
☐ Junior ☐ Senior ☐ Graduate / Grad. Month/Year: _____
University / Organization: _____

MAILING ADDRESS

Walt Disney Imagineering
Attn: ImagiNations Design Competition
1401 Flower Street MC 9030
Glendale, CA 91221-5020
Signature and contact information for one of the following:
University Department Advisor or Association Representative or Organization Representative:

Signature evidencing agreement with the terms and conditions specifically contained herein and those of the overall ImagiNations 2010 Design Competition:

Print Name: _____
Title: _____
Date: _____ Phone: _____
E-mail: _____
University/Association/Organization: _____