

ENTRY TITLE:

PARTICIPANT #1 (TEAM LEADER)

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 2011.

In consideration for the opportunity to win an all-expenses-paid-trip to Walt Disney Imagineering, to be considered for an internship opportunity, the opportunity to win a cash prize and for the opportunity for the University or Association or Organization whose signature appears hereon to receive a \$1,000 grant (to be split equally among the Universities, Associations and/or Organizations represented by the team) if our entry is adjudged the first place winner, 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 2011 Design Competition:*

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

ENTRY DEADLINE

Completed application must be postmarked by **March 4, 2011**.

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 for one of the following:

Authorized Representative from University, Association or Organization

Signature *evidencing agreement with the terms and conditions specifically contained herein and those of the overall Imaginations 2011 Design Competition:*

Representative(s) Signatures *must sign for each participant and should include Printed Name, Signature, and Date:*

1. _____ Date: _____
 (signature)
 2. _____ Date: _____
 (signature)
 3. _____ Date: _____
 (signature)
 4. _____ Date: _____
 (signature)

(PLEASE LEAVE BLANK)

ENTRY #:

DATE RECEIVED BY WDI: