

This form must accompany your entry along with a one-page overview of your idea, and your resume. All entries must be received by **January 31, 2005**. Please call (818)544-7336 when are ready to submit your project.

UNIVERSITY	
UNIVERSITY	
ASSOCIATION (IF APPLICABLE)	

STUDENT 1	
NAME	
TEMPORARY OR SCHOOL ADDRESS	
CITY	STATE ZIP
PERMANENT ADDRESS OR ADDRESS AFTER JUNE 2005	
CITY	STATE ZIP
TELEPHONE/CELL PHONE	E-MAIL ADDRESS
MAJOR	<input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR

STUDENT 2	
NAME	
TEMPORARY OR SCHOOL ADDRESS	
CITY	STATE ZIP
PERMANENT ADDRESS OR ADDRESS AFTER JUNE 2005	
CITY	STATE ZIP
TELEPHONE/CELL PHONE	E-MAIL ADDRESS
MAJOR	<input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR

STUDENT 3	
NAME	
TEMPORARY OR SCHOOL ADDRESS	
CITY	STATE ZIP
PERMANENT ADDRESS OR ADDRESS AFTER JUNE 2005	
CITY	STATE ZIP
TELEPHONE/CELL PHONE	E-MAIL ADDRESS
MAJOR	<input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR

WALT DISNEY Imagineering  
**imagi-nations**  
UNIVERSITY DESIGN COMPETITION

Put your talent to work

★ Compete

★ Win Scholarships

★ Showcase your abilities

★ Get Experience

★ Diversify your thinking

THINK OUTSIDE THE BOX

**SIGNATURES**

In consideration of the opportunity for my idea to be considered, I understand that the attached entry becomes the sole property of Walt Disney Imagineering and will no be returned. I also understand that all rights to use and/or display this material will be retained by Walt Disney Imagineering:

STUDENT 1 SIGNATURE	DATE
STUDENT 2 SIGNATURE	DATE
STUDENT 3 SIGNATURE	DATE

A signature from one of the following is required:

- Imagi-Nations Rep.
- National Association Rep.
- University Dept. Advisor
- Chapter Association Rep.

SIGNATURE	DATE
PLEASE PRINT NAME	CONTACT NUMBER

Entries missing required signatures will not be considered for Imagi-Nations 2005

(PLEASE LEAVE BLANK)

ENTRY #	DATE RECEIVED BY WDI	ENTRY TITLE
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