

DEADLINE Completed Entry Forms must be received from January 31, 2007 through March 15, 2007. Once Entry Forms have been reviewed by Walt Disney Imagineering for eligibility, qualified entrants will be notified to begin the Submission process. We accept Submissions from February 5, 2007 through March 31, 2007.

UNIVERSITY

UNIVERSITY _____

ASSOCIATION (IF APPLICABLE) _____

PARTICIPANT 1

Name: _____

Temporary or School Address: _____

Permanent Address or Address after March 2007: _____

Telephone#: _____

E-mail Address: _____

Major (*if student*): _____ ☐ Junior ☐ Senior

Association or Organization: _____

PARTICIPANT 2

Name: _____

Temporary or School Address: _____

Permanent Address or Address after March 2007: _____

Telephone#: _____

E-mail Address: _____

Major (*if student*): _____ ☐ Junior ☐ Senior

Association or Organization: _____

PARTICIPANT 3

Name: _____

Temporary or School Address: _____

Permanent Address or Address after March 2007: _____

Telephone#: _____

E-mail Address: _____

Major (*if student*): _____ ☐ Junior ☐ Senior

Association or Organization: _____

PARTICIPANT 4

Name: _____

Temporary or School Address: _____

Permanent Address or Address after March 2007: _____

Telephone#: _____

E-mail Address: _____

Major (*if student*): _____ ☐ Junior ☐ Senior

Association or Organization: _____

WALT DISNEY Imagineering

imagi-nations

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 Submission to be accepted, and to be considered for a paid Internship or Associate opportunity, I understand that my Submission becomes the sole property of Walt Disney Imagineering and will not be returned. I also understand that all rights to use and/or display this material will be retained by Walt Disney Imagineering

Participant Signatures:

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

Entries missing required signatures will not be considered for Imagi*Nations 2007

Signature and contact information for one of the following:
University Department Advisor or Association Representative
or Organization Representative:

Signature: _____

Print name: _____

Date: _____ Phone or Email: _____

University/Association/Organization: _____

(PLEASE LEAVE BLANK)

ENTRY #

DATE RECEIVED BY WDI

ENTRY TITLE