



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 2009.

In consideration for the opportunity to win a ten-day 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 2009 Design Competition:

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

ENTRY DEADLINE

Completed entry forms must be received from **January 1, 2009** through **January 30, 2009**. Qualified participants will be notified to begin the submission process which will be open through **February 28, 2009**.

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 2009 Design Competition:

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