

BSL Entrepreneurial Challenge Registration Form

1. Please specify the name of your business idea.

2. How many members is your team made of?

3. Please provide the contact information of your team members in the table below.

Name:

Email address:

Phone number:

☐ Please tick the box if this team member is the team leader

Name:

Email address:

Phone number:

☐ Please tick the box if this team member is the team leader

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Email address:

Phone number:

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Email address:

Phone number:

☐ Please tick the box if this team member is the team leader

4. Please specify the name of the school you are attending and the country it is in.

5. Have you (or any of the team members) ever taken business-related courses, if yes, which?

6. Do you (or any of your team members) have any work experience (e.g., summer work or volunteering)?

☐ Please tick the box if you agree to have your picture taken during the Pitch step, Award session and to have them shared by BSL on its online social media platforms (LinkedIn, Instagram, Facebook).