THE edge CONNECTION

Empowering and Developing Georgia's Entrepreneurs

BUSINESS PLAN COMPETITION ENTRY FROM

1) Name of business owner (or group Leader if you have partners): Please list all the people in the business.

2) Official name of business being entered in the competition:

3) How will you spend the capital granted to you if you are chosen as a winner?

4) Please provide us with your contact information:

Address: City: State: Zip:

Email Address (is a must):

Phone:

5) Plan for Profit Graduation Date/Year | Class #:

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Signature of Business Owner | Group Leader