### **Fremont County Startup Challenge 2025**

### **Startup Challenge Signup Form**

#### **Participant Information**

1. **Team Name**:  
   *Enter your team’s name.*
2. **Primary Contact (Team Leader)**:
   * Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Team Members (if applicable)**:  
   *List all team members. Add additional lines if necessary.*
   * Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Affiliation**:  
   *Check all that apply.*
   * Current Student
   * Recent Graduate (within the last 12 months)
   * Local Resident
   * Other (including International students): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **Business Idea Information**

1. **Business Name (if applicable)**:  
   *Enter the name of your business idea or startup.*
2. **Business Stage**:
   * Idea Stage
   * Prototype or Development Stage
   * Operational (Less than 3 Years)
3. **Brief Description of Your Business Idea**:  
   *In 2-3 sentences, describe your business idea and its purpose.*
4. **Target Audience or Market**:  
   *Who are you solving a problem for? Describe your target audience or customer.*
5. **Revenue and Funding Information**:
   * Revenue in the past 12 months: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Total external funding (e.g., grants, investments): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **Competition Eligibility Confirmation**

1. **Do you meet the eligibility criteria?**
   * Yes
   * No
2. **Agreement to Rules**:  
   By signing below, I certify that I have read and understood the competition rules and agree to comply with all requirements.  
   **Primary Contact Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **Additional Information (Optional)**

1. **How did you hear about the Startup Challenge?**
   * Social Media
   * College/University Announcement
   * Local Business Group
   * Friend/Colleague
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **What resources would help you most during the competition?**
   * Mentorship
   * Networking Opportunities
   * Educational Workshops
   * Access to Funding Opportunities

#### **Submission Instructions**

* Submit your completed form by **2-14-2025**
* Email to: **mhoyt@cwc.edu**
* Or drop off at: **Central Wyoming College, HS 140**

For questions, contact Mike Hoyt at **mhoyt@cwc.edu** or (307)349-0747