



2017 LNI Business Plan Competition Registration Form

Student Name: _____ School: _____ Grade: _____

Mailing Address: _____ City: _____ St: _____ Zip Code: _____

Home Phone: (____) _____ School Phone: (____) _____ Mobile: (____) _____

Email: _____

Gender: Female Male Date of Birth: ____/____/____

Please provide contact information for teacher or mentor:

List Teacher or Mentor

Name: _____ E-mail: _____ Contact number: _____

Will you be playing in any other competitions during the LNI tournaments? If yes, please list.

- Please submit completed registration form by no later than October 6th 2017, in order to compete.
- Submit by email or fax to: akoenen@lakotafunds.org, Fax #: 605-455-2585
- Please call our office at (605) 455-2500 to confirm receipt of your registration form.