Badger Venture 2026

Team Registration Form

Due no later than January 30, 2026 by 5:30 PM

The purpose of this form is to register your team for the Competition. The Badger Venture Competition Committee wants to know who you are so we can provide support and resources throughout the timeline. We also hope to help you if you need to find additional team members, mentors or advisors.

In addition to this registration form (in order to be eligible for final presentations and judging on April 22nd, 2026) teams are required to:

- ✓ Attend Team Orientation on February 12th
- ✓ Submit a Preliminary Concept Form by February 17th
- ✓ Submit a LivePlan Pitch Page Report on March 13th
- ✓ Submit a First Prototype (Prototyping Concepts Only) on March 13th
- ✓ Attend Pitch Coaching After-Hours on TBD
- ✓ Attend Practice Pitch Panel Night on TBD
- ✓ Submit a completed Tri-fold on April 20th

Please use the following form to register your team.
Submit your completed, printed, and signed Team Registration Form to:
Linda Williamson, Building 8 Room 853 Williamson@klamathcc.edu or Wendi Lawson at SBDC, 803 Main St #200 lawsonw@klamathcc.edu

BADGER VENTURE

TEAM REGISTRATION FORM

Team Name: ____

TEAM – use additional sheets if needed

TEAM LEADER (First point of contact for your Team)

Name: ____

Phone: _______________________ **Email:** ____

Mailing Address: ____

Certificate or degree program: __________________________ **Year of Completion:** __________

Areas of Expertise Related to Project: ____

____

Affiliated Student of: ☐ **KCC** ☐ **OIT** ☐ **SOU** ☐ **EOU** ☐ **OSU**

TEAM MEMBERS:

Name: ____

Phone: _______________________ **Email:** ____

Mailing Address: ____

Certificate or degree program: __________________________ **Year of Completion:** __________

Areas of Expertise Related to Project: ____

____

Affiliated Student of: ☐ **KCC** ☐ **OIT** ☐ **SOU** ☐ **EOU** ☐ **OSU**

Name: ____

Phone: _______________________ **Email:** ____

Mailing Address: ____

Certificate or degree program: __________________________ **Year of Completion:** __________

Areas of Expertise Related to Project: ____

____

Affiliated Student of: ☐ **KCC** ☐ **OIT** ☐ **SOU** ☐ **EOU** ☐ **OSU**

Name: ____

Phone: _______________________ **Email:** ____

Mailing Address: ____

Certificate or degree program: __________________________ **Year of Completion:** __________

Areas of Expertise Related to Project: ____

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Affiliated Student of: ☐ **KCC** ☐ **OIT** ☐ **SOU** ☐ **EOU** ☐ **OSU**

BADGER VENTURE

TEAM REGISTRATION FORM

DESCRIBE YOUR PROJECT AS YOU CURRENTLY CONCEIVE IT:

We hereby acknowledge that each team member has read, understands, and agrees to abide by the *Official Rules and Information* for KCC's 2026 Badger Venture Competition.

_____	_____	_____
Team **Leader** Printed Name	Team **Leader** Signature	Date
_____	_____	_____
Team Member Printed Name	Team Member Signature	Date
_____	_____	_____
Team Member Printed Name	Team Member Signature	Date
_____	_____	_____
Team Member Printed Name	Team Member Signature	Date
_____	_____	_____
Team Member Printed Name	Team Member Signature	Date