



Pitch Competition Application

Business Name: _____

Address: _____

Website: _____

Contact Name: _____

Contact Email: _____

Phone Number: _____ Alternate Number: _____

Name of Presenter(s): _____

School: _____

Please provide the following information about your business:

Are you currently in business? Yes No

If so, how long? _____

What business category best describes your business? _____

Describe your main product or service in 2-3 sentences.

Problem your business is solving and what is your solution:

Who are your competitors? How are you different?

If you win, what will you do with the prize money?

_____ I understand that financial projections will be required for final presentations.

_____ I understand that I will need to be available to present on October 30, 2025.

I certify that the information provided on this application is accurate. I understand that withholding of information or giving false information will result in a disqualification and forfeiture of all prizes.

Print Name: _____

Signature: _____

Date: _____

I certify that I am the guardian of the student named above. I understand that if they are selected to be a finalist, they will be presenting their business idea on November 1, 2024. I understand that they will be meeting with a business counselor to perfect their pitch beforehand.

Print Name: _____

Signature: _____

Date: _____

If you have any questions, please contact Brianna at 573-642-3055 or businessrelations@callawaychamber.net.