



RESTAURANT INNOVATION COMPETITION

APPLICATION FORM

[*Please send the complete application to: innovation@frankietomatto.com](mailto:innovation@frankietomatto.com)

PARTICIPANTS INFORMATION

*Leader must be a hospitality / nutrition / culinary student

*minimum 2 participants, maximum 4 participants, registered in the fall 2015 semester

	Leader	2	3	4
Full Name				
School				
Program				
Year				
Email		-----	-----	-----
Phone		-----	-----	-----

INNOVATION IDEA

- | | | | |
|----------------------------------|-------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Product | <input type="checkbox"/> Technology | <input type="checkbox"/> Sales | <input type="checkbox"/> Service |
| <input type="checkbox"/> Concept | <input type="checkbox"/> Equipment | <input type="checkbox"/> Financial Model | <input type="checkbox"/> Others: |

NAME OF INNOVATION

DESCRIPTION OF INNOVATION

(300 words or less. Bullet form is acceptable)

BENEFITS TO INDUSTRY

(What makes it unique? Why it would be successful?)