



**LISLE
CONSULTING
GROUP**

KAUFFMAN FOUNDATION FASTTRAC PROGRAM APPLICATION

First Name

Last Name

Preferred Name

Mailing Address

City

State Zip

Telephone

Email Address

Please check the box that best describes your situation:

- I own a business that is currently in operation. | Name: _____
- I have a business concept that I want to develop.

Please use the box below to describe (a) your existing business, or (b) your business idea.

- I understand the course schedule and I am able to fully participate in both the in person (4:30-7:30PM) and virtual (5:00-6:30PM) sessions
- I understand that the course will require 10-15 hours/week of work outside of sessions.
- I understand that the course fee of \$179.00 must be paid in full before the orientation class on Tuesday, September 17.

Signature

Date

Please return to admin@lisleconsulting.com and make course payment via Venmo to @Lisle-Consulting.