

**ENLISTMENT FORM
BUSINESS BOOT CAMP**

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
HOME PHONE _____ **CELL PHONE** _____
WORK PHONE _____ **FAX** _____
EMAIL _____

PLEASE TELL US WHY YOU WANT TO ENLIST IN THE BUSINESS BOOT CAMP. (WHAT IS THE MOST IMPORTANT QUESTION YOU WANT ANSWERED? BE SPECIFIC)

I UNDERSTAND THAT I AM ENLISTING IN A THREE-DAY BUSINESS BOOT CAMP IN A NON-PAY STATUS. I UNDERSTAND THAT THIS TIME IS COUNTED TOWARD FULFILLMENT OF MY OBLIGATION AND COMMITMENT TO GIVE MY BUSINESS A STRONG FOUNDATION TO IMPROVE THE CHANCES FOR ITS SURVIVAL. I HEREBY COMMIT TO COMPLETING WHAT I BEGIN.

SIGNATURE

DATE

PLEASE COMPLETE QUESTIONNAIRE ON BACK

ARE YOU IN BUSINESS NOW? _____

IF SO:

NAME OF BUSINESS _____

LOCATION _____

FOR HOW LONG _____

DESCRIBE YOUR BUSINESS IN THREE SENTENCES

WHO YOU ARE – WHAT YOU DO – WHAT IS YOUR COMPETITIVE ADVANTAGE

WHAT STAFF RESOURCES DO YOU HAVE TO PUT INTO IMPROVING YOUR BUSINESS? _____

WHAT IS YOUR LEVEL OF UNDERSTANDING IN:

QUICK BOOKS

USING NOW **LOW/MED/HIGH** **YEAR/VERSION**
NEVER USED **(SKILL LEVEL)** _____

USING OTHER ACCOUNTING SOFTWARE _____

QUICKEN

USING NOW **LOW/MED/HIGH**
NEVER USED **(SKILL LEVEL)**

USING OTHER SIMILAR SOFTWARE _____

DO YOU HAVE:

YES

NO

A BUSINESS PLAN?

A MARKETING PLAN?

A FINANCIAL PLAN?

A RETIREMENT PLAN?

A WEBSITE?

THANK YOU FOR YOUR ENLISTMENT. YOU WILL RECEIVE CONFIRMATION BY EMAIL OF OUR RECEIPT OF YOUR ENLISTMENT.

SUBMIT ENLISTMENT FORM BY FAX TO 530-823-4142, EMAIL TO INFO@SEDCORP.BIZ OR MAIL AT 560 WALL STREET STE. F, AUBURN CA 95603 (530-823-4703)