

L | E | A | D

B R E V A R D

LEADERSHIP | B R E V A R D

Enrollment Form - Class of 2015

Please Clear These Dates on Your Calendar

Orientation Session: Thursday, September 18, 2014
(8:00 am to 6:30 pm – A reception follows the session on the first day)
(Attendance at this session is mandatory)

Monthly Sessions (8:00 a.m. to 5:00 p.m.):
October 16, November 20, December 18, January 15, February 19, March 19, April 16
The evening of April 23, 2015 should be reserved for Leadership Action Project presentations.
The evening of May 14, 2015 should be reserved for graduation.

Please type or print your enrollment form. All forms are confidential.

PERSONAL

Name _____

Preferred name on badge (Nickname if applicable) _____ (Last) _____ (First) _____ (for name badge) _____ (M.I.) _____

Home street address: _____ City _____ Zip _____

Home phone: _____ Cell: _____

Home email (if you wish to receive information at this email) _____

Date of Birth _____ Male/Female _____ Race/Ethnicity _____

Emergency Contact _____ (Name) _____ (Telephone Number) _____

Any physical limitations? If so please describe. _____

Dietary Restrictions? If so, please describe. _____

EMPLOYMENT

Present Employer _____ Date Began _____

Business Mailing Address _____

City _____ State _____ ZIP _____

Business Phone _____ FAX _____ Email _____

Type of Business _____ Title/Position _____

Briefly describe your responsibilities _____

What do you consider to be your most rewarding career achievement to date? _____

GENERAL

In addition to the community based curriculum, Leadership Brevard includes leadership skill development. Please list the 3 leadership skills you deem most critical to your development as a leader.

How would you expect to use your Leadership Brevard experience? _____

EMPLOYER AUTHORIZATION

I have approved the submission of this enrollment form and the time and financial commitment required to participate in this program.

Signature of Supervisor _____ Title _____

Supervisor Name (please print) _____ Date _____

Supervisor Phone _____ Supervisor Email _____

ENROLLMENT AGREEMENT

STATEMENT OF COMMITMENT:

I understand the mission of Leadership Brevard. I will devote the time necessary to complete the program. This includes attendance at the day-long Orientation Session, seven day-long program sessions and the evening Graduation Ceremony; as well as participation in the Leadership Action Project(s). If I am unable to comply with the requirements, I will voluntarily withdraw from the program. I understand that, in the interest of the class experience for all participants, any participant may be removed from the class if, in the opinion of LEAD Brevard, that participant's conduct is not conducive to the work of the group or there is a failure to meet participation requirements. I further understand that tuition is NOT refundable in whole or in part after September 18, 2014.

Signature _____ Date _____

Tuition for Leadership Brevard **\$2,625.00**

Payments submitted with your enrollment will be processed immediately following your acceptance to the Program.

Check Enclosed Invoice me Bill my: VISA MasterCard

Account No. _____ Exp. date _____ Security code _____

Signature _____

Make checks payable to: **LEAD Brevard**

To receive additional information, please call LEAD Brevard at 321.632.8222

Please mail, fax or email enrollment form to:
LEAD Brevard, 123 Barton Blvd, Suite 101, Rockledge, FL 32955 or **FAX:** 321.632.0207
E-Mail: Melissa@LEADBrevard.org