



## **COURSE INFORMATION**

TUITION 1ST CLASS TIMELINE	(Lunch Provide		pm TH	May June July Augu	1 1 5 Comn 10 Comn ust 7 ( ember 4	nunit	- Pu - Pu y De nuni	iblic iblic velo	Wo Safo pmo ervi	rks ety ent ces	
PERSONAL INFORMATION											
Full Name	:										
Employer	:				Birthday :						
Title	:					D	D	М	М	Υ	Υ
Home Address	:			Ci	ty/State/Zip :						
Work Address	:			Ci	ty/State/Zip :						
Phone #	:		Email :								
ANSW	/ER A FEV	W QUEST	IONS								
What are you hoping to learn from this Program?											
What is one specific question about the County that you would want answered?											
Provide 2 topics that you would want to be discussed during the Program.											

**Signature** 

this Program.

In what areas do you feel the County is successful?

I hereby acknowledge the Program outline and understand that by submitting this application I am agreeing to participate monthly unless there is an unforeseen circumstance. I understand that my participation is paramount to the success of