

Leadership Sallisaw I - Sequoyah County

“Promoting Leadership through Learning”

Enrollment Form

Contact Information:

Name: _____

Address: _____

Phone No: _____

Email: _____

Employer Information:

Employer: _____

Position: _____

Is your employer a Chamber of Commerce member? YES NO

Please read the below commitment statement and sign.

I understand that in order to fully benefit from the Leadership Sallisaw-Sequoyah County program, I must be faithful in my commitment to attend each class as scheduled. If I miss 3 or more classes I understand that I will not graduate and be recognized at the Chamber Banquet. I understand that my active participation is what will make this program a success for me, my peers, and my community. I agree to share what I've learned with others in my sphere of influence and encourage them to get involved.

Signature

Date