



HOW TO START YOUR OWN BUSINESS COURSE APPLICATION

Personal Information

Last Name

First Name

Middle Initial

Prefer to be addressed as

Mailing Address with City, State and Zip

Telephone

Email address (please list the email address you use most frequently)

Why I wish to participate (*Briefly state the reason for participating and what you hope to gain*):

Applicant's Agreement

I understand the purpose of the How to start your own business course, **the requirement to miss no more than one class to receive a certificate**, and that completion of this application does not guarantee my participation due to limited seats.

Signed: _____ **Date:** _____

Please return the application and \$50 payment by January 6 to:

Main Street Guymon, P.O. Box 1393, Guymon, OK 73942

Or email to director@mainstreetguymon.com

Note that class size is limited to 15 participants. Seats will be filled in the order applications are received.

Program presented by Main Street Guymon.