

Sweetwater County Leadership Institute 2018

Application

Name _____

Title _____

Organization _____

Address _____ City _____

Cell Phone _____ Fax _____ Email _____

(please put the email where you would like to receive any reminders and agendas for the classes)

I understand that this is a six month commitment to attend seven monthly, full day long sessions plus other activities. I will fully cooperate. I also understand that I am required to attend a minimum of six sessions in order to graduate.

Participant's Signature Date

I give my full support to the participation of _____ as a member of the Sweetwater County Leadership Institute. I will allow him/her the necessary time to attend the sessions and complete the program.

Employer's Signature Date

Please submit payment and application to:

Green River Chamber of Commerce

1155 W. Flaming Gorge Way

Green River, WY 82935

Rock Springs Chamber of Commerce

1897 Dewar Dr. , PO Box 398

Rock Springs, WY 82901