

Leadership
Fayette County
Participant Application

Participant Applications must be submitted to the Fayette City Hall by 4 PM on August 25th.

Name _____ E-mail _____ Date _____

Address _____

Business Phone _____ Cell Phone _____ Other Phone _____

Sponsoring Company/Person _____

Occupation or Profession _____ Since _____

Company Name _____

Briefly Describe Your Job Responsibilities _____

What do you hope to gain from the Leadership Fayette County Program? _____

In your judgment, what are the three most pressing problems facing Fayette County?

1) _____

2) _____

3) _____

Briefly state, in your opinion, what are some solutions to these problems. _____

Do you have full support of your employer (if applicable) for the time required to participate effectively? Yes No

Signature _____

Date _____