

# “Community Reinvention Program” Application

To participate in the “Community Reinvention Program”, an organization must send a minimum of six different business owners from six different storefront businesses in the same marketplace (downtown, shopping center, or retail market area), to the Destination Business BootCamp, plus one Community Coordinator to oversee the implementation of the Program.

Every business owner who applies for attendance to the Destination Business BootCamp must be approved by Jon Schallert before confirmation of attendance is given. Please complete the information on this Application, along with having each Business Owner complete a Questionnaire (attached to this Application) and submit to our office for review.

Yes! Our organization wants to participate in the “Community Reinvention Program”. We have read the Program requirements and are submitting the following businesses for approval to attend.

Name of Organization or Community: \_\_\_\_\_ State: \_\_\_\_\_

Date of 2009 BootCamp Your Group Would Like to Attend (Circle One):      March 22-24      May 16-18      Sept. 15-17

Who is responsible for the \$1500 per attendee registration fee? Please check one.       Attendee       Organization/Community

If Organization/Community has been checked, please list the amount to be paid per attendee:      \$ \_\_\_\_\_

This amount will be:       reimbursed to BootCamp attendee       paid to The Schallert Group at time of registration

## Our Cancellation Policy:

Once you have reached the minimum 6 businesses and 1 Coordinator to qualify for the “Community Reinvention Program”, any cancellation(s) impacts your ability to qualify for this Program. Please read the terms below:

- Substitutions: If a business cancels and decides not to attend the Destination BootCamp after they have been accepted in to the Program, another business owner may be substituted in their place, subject to approval by Jon Schallert.
- Cancellations: If any business of the “Community Reinvention Program” group is unable to attend our BootCamp for any reason, the Community Coordinator is responsible for notifying The Schallert Group. If the cancellation is received 60-days before the first day of the BootCamp, the amount paid will be refunded. If the cancellation is received between 45-60 days prior to the first day of the BootCamp, the amount paid will be refunded, less a non-refundable deposit of \$250 per attendee. If the cancellation is received less than 45 days before the first day of the BootCamp, the amount you have paid, less a non-refundable deposit of \$250 per attendee, will be credited to another Schallert Group, Inc. product, consulting service, or future BootCamp.
- If a community is accepted into the “Send 6+1” program and the number of required attendees falls below the required minimum seven (7) pre-registered applicants, the 60-day follow-up visit with the free 90-minute session, the on-site consultations, the Tele-Coaching sessions, and Community Leader Private Consultations will not be conducted and the organization will not qualify for any of the “Community Reinvention Program” benefits.
- No Show: If a business owner who has been accepted into the “Community Reinvention Program” does not attend and does not cancel, payment in full will be required and no refund will be issued or credits given to future programs. Any cancellations received within 48 hours of Day 1 of the BootCamp will be considered a “No Show”.

Coordinator Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

If Business, what type: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Coordinator: \_\_\_\_\_

Business Name #1: (Required) \_\_\_\_\_

Attendee Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Business Name #2: (Required) \_\_\_\_\_

Attendee Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Business Name #3: (Required) \_\_\_\_\_

Attendee Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Business Name #4: (Required) \_\_\_\_\_

Attendee Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Business Name #5: (Required) \_\_\_\_\_

Attendee Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Business Name #6: (Required) \_\_\_\_\_

Attendee Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Business Name #7: (Extra) \_\_\_\_\_

Attendee Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Business Name #8: (Extra) \_\_\_\_\_

Attendee Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**If there are more businesses wanting to attend, please attach another sheet.  
Fax to: (866) 653-1336**

**FAX this Questionnaire directly to Jon Schallert: 1-866-653-1336**

The following information will be used and seen ONLY by Jon Schallert  
AND MUST BE PROVIDED TO PARTICIPATE in the Community Reinvention Program.

## COMMUNITY REINVENTION PROGRAM QUESTIONNAIRE

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Community Name: \_\_\_\_\_ BootCamp Date: \_\_\_\_\_

Please tell me a little about the history of your business: Include information on the age of the business, whether you started the business, purchased the business, or if it was a family-owned business. Also describe how the business has changed from its inception.

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Your goal for 2009 sales: \$ \_\_\_\_\_ 2009 Year to date sales: \$ \_\_\_\_\_

2008 annual sales: \$ \_\_\_\_\_ 2007 annual sales: \$ \_\_\_\_\_

2006 annual sales: \$ \_\_\_\_\_ 2005 annual sales: \$ \_\_\_\_\_

Please provide me with some information about your business and its sales trends.

#1 Sales-generating product category and its percentage of sales: \_\_\_\_\_

#2 Sales-generating product category and its percentage of sales: \_\_\_\_\_

#3 Sales-generating product category and its percentage of sales: \_\_\_\_\_

My business sales are trending:  Up  Down  Flat (by this \_\_\_\_\_%)

Customer traffic is trending:  Up  Down  Flat (by this \_\_\_\_\_%)

In your opinion, what are the most pressing issues that need to be addressed for your business to grow?

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I understand that this is a 6-month Community Reinvention Program and I agree to participate in all meetings, group calls, and follow the recommended curriculum of this Program.

Signature

Date

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Longmont, CO 80504

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