

**Leadership Commerce City**  
**Building Leadership for a Quality Community**  
**Leadership Commerce City Application**

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I am fully prepared to actively participate and devote the time and commitment required to complete the Leadership Commerce City Program. I have read and understand the policies of the Leadership Commerce City program in the *Program Course Book* and agree to the terms. I have attached my statement of *What Leadership Means To Me* and my *Employer Approval* statement.

Signature \_\_\_\_\_

Payment \_\_\_\_\_ Bill me \$400.00 Business \_\_\_\_\_  
\_\_\_\_\_ Check \$175.00 Charitable Non-profit 501 (c)3 \_\_\_\_\_  
\_\_\_\_\_ Credit Card \$100.00 Unaffiliated Community Member \_\_\_\_\_  
\$ 0 Student \_\_\_\_\_

Send payment and application to Dale Mingilton: ([dmingilton@adams14.org](mailto:dmingilton@adams14.org)). Application will not be fully accepted until payment is received.

Application deadline – July 31st, 2019  
Class size will be limited to 25 participants

Please provide the following with the application:

- Payment or instructions for billing
- Employer Approval Statement
- Written Leadership Statement (500 words or less)





## EMPLOYER APPROVAL STATEMENT:

I am aware that my employee \_\_\_\_\_,

Will be attending the **Leadership Commerce City** program from September 2019 to June 2020.

I am aware that this program will be held the first Friday of each month from 8 am until 4 pm.

I have agreed to allow my employee to attend each of these sessions to support **Leadership Commerce City**.

Name \_\_\_\_\_

Business \_\_\_\_\_

Position \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_