

Creative Entrepreneur Workshop – Application



City of Angola
Downtown Services

210 N. Public Sq.
Angola, IN 46703
260-624-2698
www.angolain.org
mdavis@angolain.org

Location: Enterprise Center – 907 S. Wayne St., Angola, IN – Maximum Class size 15 participants

4 sessions: Tuesday, March 10 - 6-9pm
Tuesday, March 17 - 6-9pm
Tuesday, March 24 - 6-9pm
Tuesday, March 31 - 6-9pm

Scholarships were provided by the Steuben County Community Foundation.

Cost: \$25 FINAL DATE TO REGISTER: Thursday, March 5, 2020

CHECKS SHOULD BE WRITTEN TO: City of Angola – Subject Creative Entrepreneur Class

You may drop off or mail this application along with your check to the City of Angola at the above address.

Full Name: _____ Email: _____
Address: _____ City, State, Zip: _____
Phone number: _____

- Do you own your own business? ___Yes ___No
- Are you interested in starting a business? ___Yes ___No
- Are you under the age of 18? ___Yes ___No

If under the age of 18 you must have the permission of a parent/legal guardian to attend these workshop sessions.

- Are you committed to attend all four of the workshop sessions? ___Yes ___No
- Is there a day you cannot attend? If yes, please list date: _____
- Do you already make a product that you'd like to turn into a business? ___Yes ___No

If yes, please bring a sample to the first meeting in March.

- Are you interested in becoming a trainer to do workshops using the methods in this class? ___Yes ___No

What do you hope to learn from these workshop sessions?

Printed Name: _____ Date: _____

Signature: _____ Date: _____

Printed Name of Parent/Guardian if under the age of 18:

_____ Date: _____

Signature of Parent/Guardian if under the age of 18:

_____ Date: _____