APPLICATION

FLEX FOUNDATIONAL LEADERSHIP & ENTREPRENEUR X-PERIENCE

COMPANY

Company

COMPANY NAME:

SOCIAL MEDIA ACCOUNT HANDLES:

Facebook:

Instagram:

Other:

MANAGEMENT TEAM

Team Partner

PARTNER 1

Name:

Grade:

Pathway:

Advisement Instructor:

Phone Number:

Email Address:

(Please check email regularly for updates on FLEX.)

By signing below, I certify that I am willing to join this team and participate in FLEX. I also give FLEX permission to use my photograph and business social media content.

Signature:

Date:

Parent/Guardian Signature:

Date:

Team Partner

PARTNER 2 *Optional*

Name:	
Grade:	Pathway:
Advisement Instructor:	
Phone Number:	
Email Address:	

(Please check email regularly for updates on FLEX.)

By signing below, I certify that I am willing to join this team and participate in FLEX. I also give FLEX permission to use my photograph and business social media content.

Signature:	Date:
Parent/Guardian Signature:	Date:

Team Partner

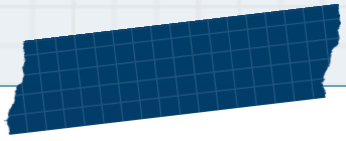
PARTNER 3 *Optional*

Name:	
Grade:	Pathway:
Advisement Instructor:	
Phone number:	
Email Address:	

(Please check email regularly for updates on FLEX.)

By signing below, I certify that I am willing to join this team and participate in FLEX. I also give FLEX permission to use my photograph and business social media content.

Signature:	Date:
Parent/Guardian Signature:	Date:



ADVISOR

Companies must have an advisor from within the School System. Please have your chosen advisor sign to certify that they commit to participate with your company.

ADVISOR

Company Advisor Name:
Phone number:
Email Address:

(Please check email regularly for updates on FLEX.)

By signing below, I certify that I am willing to join this team and participate in FLEX. I also give FLEX permission to use my photograph.

Signature:	Date:

☐ **Check this box if you do not have an advisor in mind and would like to be matched with the help of your local FLEX Team.**