

Here is the application form for you to include with your check. Thank you for your interest.
Cynthia Pyron

SHORE VENTURE
APPLICATION NEW VENTURE PROGRAM
by FastTrac

Name: _____ Name: _____
Last First Name you prefer to be called.

Address: _____
Street City Zip

Phone: _____ Cell: _____

Email _____

Are you planning to start your own business? YES _____ NO _____
What type of business? _____

Name of Existing Business: _____ How long in business: _____
(if applicable)

Type of Existing Business _____

Restaurant, day care, electrical, etc

(B) Complete Section B if in High School

Name of High School: _____ (if in high school)

Signature of Parent _____

Guidance Counselor's

Name: _____ Phone: _____

Email: _____

Signature of Teacher or Guidance Councilor _____

Signature of Applicant

Please complete the application form, and mail it along with the \$125 Registration Fee to:
(Note: Upon completing all 10 weeks and a Business Plan, \$25 will be refunded).

Eastern Shore Entrepreneur Center
8737 Brooks Drive
Suite 101
Easton, MD 21601

