



Financial Boot Camp Training Pre-Registration Form

(PLEASE PRINT)

NAME: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ CELL #: _____

E-MAIL: _____

PLEASE PROVIDE ALTERNATE CONTACT INFORMATION [if applicable]

NAME: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ CELL #: _____

E-MAIL: _____

Site Location:

Date:

OTHER INDIVIDUALS ATTENDING: _____

To reserve training a slot, please return this registration form to one of the following persons:

For questions about the boot camp, please contact one of the following:

Latah Holloway 662-887-4852, ext. 112 mcfacinfo@gmail.com

Clifton Williams 662-247-5238 clifton.williams@gbtonline.com