



Application for

The Swag Coach® Small Group Coaching Program

Our Mission: "To establish a safe haven for an open learning environment where we share our experiences and best business practices, with the ultimate goal of growing our promotional product sales, through accountability, implementation, execution, and improvement in our professional performance and personal lives."

An incomplete Application may not be evaluated

PLEASE COMPLETE IN FULL

Please "Print" All Responses

Full Name	Phone	Email
Address	Best Way & Time to Contact You	
City, State, Zip	Annual Sales Range	Avg Gross Margins
Company Name	Years in the Promo Industry	Target Market You Serve
Why are you interested in participating in The Swag Coach® Small Group Coaching Program?		

PROGRAM DETAILS & RULES OF ENGAGEMENT

- I understand that as a participant of The Swag Coach® Small Group Coaching Program, I am committing to attend twice per month group coaching calls, excluding Holidays, as scheduled with my coach, and am willing to apply my learning to my business to learn and grow.
- I understand that I am applying to be a participant in The Swag Coach® Small Group Coaching Program for a one-year period of time which will expire 12 months from the signed date enclosed.
- The purpose of The Swag Coach® Small Group Coaching Program is to offer me coaching, tools, and learning opportunities to assist me with scaling my promotional products business. It is my responsibility to take advantage of these opportunities and to apply them to my business and my personal development.
- I understand that every participant in The Swag Coach® Small Group Coaching Program is a promotional product sales rep or small business owner, and that their time is valuable. I am dedicated to showing respect and appreciation for their time, effort, and commitment for helping me during our small group coaching sessions, and in return, commit to preparing for, and engaging in, these small group coaching sessions.
- Confidentiality: I agree that everything that is said in small group meetings is considered strictly confidential and stays within the group unless otherwise allowed.
- I understand there is a STRICT no stealing accounts policy. If another participant is asking me for account help, I can assist but otherwise agree to not contact ANY accounts discussed by another participant.
- I understand the fees I am paying are for me personally, and not for other individuals in my company or network. I cannot bring guests nor have a substitute sit in for me during any coaching session, unless otherwise authorized by The Swag Coach® Program.
- I understand I will be placed into a Small Group as assigned by The Swag Coach® Small Group Coaching Program, and agree to that placement made on my behalf.
- I understand the small group I participate in will be a maximum of five (5) participants (including myself) and one coach.

Meeting Agenda: (example)

Topic of the Month/Training Session lead by The Swag Coach (every other session)

Small Group breakout (sample agenda):

- One Word Opener
- Celebrate the Wins
- Monthly Check in (highs/lows)
- Tracking vs 90 day plan
- #1 Challenge, with group experience share
- Needs and leads
- One Word Close

Signed: _____ Date: _____

Program: The Swag Coach® Small Group Coaching Program

SMALL GROUP COACHING FEES

Please enter your credit card or ACH payment information below. Upon your acceptance into this program, your bank account will be charged a Monthly Coaching Fee of \$250 per month, for a total of twelve (12) months and two (2) coaching sessions per month, excluding Holidays. By including your signature below, you authorize The Swag Coach® Program to charge your credit card in accordance with Participation in this Program. IF your application is not approved, your credit card and bank account will NOT be charged.

Circle One: **VISA** **MASTERCARD** **AMERICAN EXPRESS**

Card Number: _____

Expiration Date: ____/____/____

3 or 4 Digit Security Code: _____

Billing Address: _____

Name on Card: _____

Date: ____/____/____

Signature: _____

ACH PAYMENT OPTION:

Name on Your Bank Account: _____

Bank Account Type (choose one): checking business checking savings

Bank Routing Number: _____

Bank Account Number: _____

Payment Amount (please initial): \$250 USD per month