



Le'Chic Academy Foundation 
 Young Entrepreneur's
BIZKidz Club



Registration Form

YOUNG ENTREPRENEUR'S INFORMATION:

First Name: _____ Last Name: _____ Phone: _____

Date of Birth: _____ Gender: _____ Age: _____ School: _____ Grade in School: _____

Home Address: _____ City: _____ State: _____

I am interested in participating in: _____ The Comcast TV Show _____ Marketplace Events _____ Shark Tank Competitions _____ Summer Camp
 _____ Workshops (Topics Include: Brainstorming Business Ideas, Setting Goals (Creating a Vision Board), Developing a Business Plan,
 Understanding the 4 P's of a Marketing Mix, Managing Money, Providing Good Customer Service and Selling in a Real-World Marketplace)

YOUNG ENTREPRENEUR'S BUSINESS NAME (If Applicable):

Please briefly describe your business idea, products or services here:

PARENT OR GURADIAN INFORMATION:

First Name: _____ Last Name: _____ Phone: _____

Home Address: _____ City: _____ State: _____

Email Address: _____ Webpage Address _____

Facebook, LinkedIn, Twitter and/or other Social Media Page (If Applicable): _____

BIZ KIDZ CLUB PARENT'S COMMITTEE:

I am interested in joining the Biz Kidz Parents Committee and contributing in the following ways::

PARENTS PERMISSION:

_____ I give my child permission to participate in Le'Chic Academy Foundation's Young Entrepreneur's Biz Kidz Club

Parent or Guardian Signature _____ Date: _____

For More Information:
 Please Email bizkidz2017@gmail.com
 Visit: www.bizkidzacademy.us or Call 410.530.4876

