

MENTEE ENROLLMENT FORM

SECTION I.

Dat	te: Last Name:		First Name:		
Company Name:		Industry:			
Nui	mber of Years in Franchise Industry:	Number of Fr	anchised Units:		
Nui	mber of Company Owned Units Units:				
Add	dress:	City:		_ State:	Zip:
Off	ice Phone: Cell Ph	none:			
Em	ail Address:	Best	time to be reached:	P	ease list your
spe	ecial interests and/or hobbies:				_
	CTION II. ow are some additional questions that will better	help your future	mentor identify your are	as of need.	
Wh	nat services or products does your brand provide	e?			
Wh	nat do you hope to gain from being a Franship M				
Wh	nat is your proudest moment professionally?				
FR	ANCHISE ADMINISTRTIVE		ANCHISE OPERATION		
	Best practices with strategic planning Best practices when developing KPI's & Monit cash flow		Best practices with fra Developing effective s system		
	Franchisee compliance with provisions of Franchisee and the FDD	nchise \Box	Developing Mentorshi Coaching on business		
	Best practices with dispute Resolution Monitoring and implementing compliance trace	cking \Box	Coordinating with out		
_	systems and CRM's	_	How to develop bench financial strength of fr		
Ц	When to get involved with transfers and succeplanning	essions	systems How can I enhance rel	evant busin	ess administration
	Do's & Don't When Developing FAC's		components of trainin		

Please email completed form to: IFA's Sydni Konohia at skonohia@franchise.org