

**Micro-enterprise Business Training Application**  
Please fill out this form and bring it with you to registration

To make an appointment for registration contact the Director of Micro-enterprise Development at  
610-277-6363 ext. 141

I am registering for the next Be Your Own Boss Training Class.

**CONTACT INFORMATION**

Date	First Name	Middle Initial	Last Name
Street Address			
City of Residence	State	Zip Code	County
Home Phone Number	Cell Phone Number	Email address	

**AGGREGATE DATA**

Date of Birth \_\_\_\_\_  
(MM/DD/YYYY)

Are you a veteran? (Check one)	Yes	No
Do you have a disability? (Check one)	Yes	No
Gender (Check one)	Male	Female
Ethnic background: (Check one)		
African American		
Asian		
Hispanic/Latino		
Native American		
Caucasian		
Other/multi racial		