

Covenant Coaching™ for Business Owners / Managers

Our personalized one-on-one coaching for owners, managers and recruiters is for individuals who are committed to building a profitable organization. This program is designed to enhance your recruiting skills and provide direction, feedback and accountability as needed on a consistent basis. We focus on the skills needed to achieve your goals, the resources needed, and the long and short term goals to achieve the desired end result.

Membership in this program includes the following:

- Two 45 minute coaching calls with Judy LaDeur, or your coach, each month.
- Ability to personally communicate with your coach via email between sessions.
- A set of downloadable CD's for training purposes.
- A Recruiting letters library.
- A coaching manual.
- A phone scripts book.
- A group coaching call one time per month with other recruiters.
- Participation in any recruiting blitzes that are scheduled during this time frame.
- 50% off enrollment in The Profitable Recruiter Marketing Platform.

This is a 12 month commitment. However, this agreement can also be cancelled by either party with a 30 day notice if either party feels that the needs and goals are not being achieved, or if the overall goal has been met. After 12 months, the program can be continued on a month-to-month basis upon the written request of the client. Covenant coaching is personalized to the company and or the person enrolled. The coaching will also involve face to face role play time, via SKYPE for some of the sessions.

The investment for this program is \$797.00 per month.



Covenant Coaching™ for Business Owners & Recruiters

PERSONAL INFORMATION (PLEASE PRINT OR TYPE)

Name

Company

Mailing Address City State Zip

Email address

Business Phone

Mobile Phone

Fax

INVESTMENT AUTHORIZATION I authorize Judy LaDeur International to charge my credit card in the amount of \$797.00, beginning _____ and continuing for a period of 12 months.

Credit card number: _____ AE VISA MC

_____ CC Exp Date _____ Security Code

Billing Address (If Different from above) City State Zip

Signature _____ **Date** _____



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