

PERFECT/ POWER START PLUS CHECKLIST

Consultant's Name _____ Consultant's Phone (Day) _____ (Evening) _____

Perfect start Beginning date: _____ Date to be Completed: _____

Power start Beginning date: _____ Date to be Completed: _____

Return Perfect/Power Start Registration to your Director.



Name	Date	Name	Date
1. _____		16. _____	
2. _____		17. _____	
3. _____		18. _____	
4. _____		19. _____	
5. _____		20. _____	
6. _____		21. _____	
7. _____		22. _____	
8. _____		23. _____	
9. _____		24. _____	
10. _____		25. _____	
11. _____		26. _____	
12. _____		27. _____	
13. _____		28. _____	
14. _____		29. _____	
15. _____		30. _____	

15 Sharing Appointments

1Name: _____	Date shared: _____	Y/N
2Name: _____	Date shared: _____	Y/N
3Name: _____	Date shared: _____	Y/N
4Name: _____	Date shared: _____	Y/N
5Name: _____	Date shared: _____	Y/N
6Name: _____	Date shared: _____	Y/N
7Name: _____	Date shared: _____	Y/N
8Name: _____	Date shared: _____	Y/N
9Name: _____	Date shared: _____	Y/N
10Name: _____	Date shared: _____	Y/N
11Name: _____	Date shared: _____	Y/N
12Name: _____	Date shared: _____	Y/N
13Name: _____	Date shared: _____	Y/N
14Name: _____	Date shared: _____	Y/N
15Name: _____	Date shared: _____	Y/N

Complete the Power Start Plus checklist, return it to your director and you will receive the Woman of Excellence Ring!!!

