

**STAGE HYPNOSIS CENTER**

**MENTOR  
PROGRAM  
APPLICATION**

Please fill out this application completely to be considered for our mentor program. If you are a variety entertainer, but not a hypnotist, ignore the specific hypnosis questions.

**Contact Information**

Name: \_\_\_\_\_ Spouse name \_\_\_\_\_

Business Name \_\_\_\_\_

Home Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Fax: \_\_\_\_\_

Contact email \_\_\_\_\_

**Self Assessment:**

**Please rank the following on a scale of 1-10, 10 being your strongest assets.**

____ Pre-Talk	____ Show Staging	____ Booking Shows
____ Induction	____ Your Marketing Materials	____ Time Management
____ Show Routines	____ Your Marketing Knowledge	____ Organizational skills
____ BOR Sales	____ Repeat Clientele	____ Determination

**Please rank the following on a scale of 1 – 5, 1 =insignificant, 5 = very significant**

Increasing your income:	1	2	3	4	5
Getting business from agents:	1	2	3	4	5
Spending more time with my family/friends:	1	2	3	4	5
Being able remove money from the business for investment:	1	2	3	4	5
Having a long-term retirement plan:	1	2	3	4	5
Having premium pricing for my show:	1	2	3	4	5
Improving show quality:	1	2	3	4	5
Creating new, effective marketing materials:	1	2	3	4	5
Creating proper goals for myself:	1	2	3	4	5

**Personal and Professional Background**

Age \_\_\_\_\_

If married, your spouse is:

\_\_\_\_\_ Very active in your entertainment business \_\_\_\_\_ Somewhat active, supportive

\_\_\_\_\_ Inactive, but supportive \_\_\_\_\_ Inactive and disinteresting

\_\_\_\_\_ Thinks this whole thing is a waste of time and I better not quit my day job

Please describe 3 major business goals you are currently working toward:

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Please describe 3 major sources of stress, frustration, unhappiness or worry that interfere with your productivity and interfere with your inner calmness:

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**Readiness Assessment**

Please list the products you have from stagehypnosiscenter.com:

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Why do you want to participate in this mentor program?

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Why do you think we should accept you as a mentoree?

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List three specific things you expect to get out of this mentor program:

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All information on this form is kept 100% confidential and is used only to determine if Geoff Ronning will be a good person for you to mentor with and help you obtain your goals.

Return this completed paperwork via email or fax to:

Geoff Ronning

Email: [info@stagehypnosiscenter.com](mailto:info@stagehypnosiscenter.com)

Fax: 623-476-2438

Phone: 623-476-2437