

Business Name:

Young Living Business Opportunity Series Life and Business Plan

Please complete and send to your sponsor in advance of your business planning session.

Your Contact Information

Name	
Address	
City, State, Zip	
Phone (day)	
Phone (evening)	
Fax	
Email	
Website	
Young Living Member #	
What is your current occupation?	
What type of activities and tasks do you perform in your job?	

Share Your Goals, Dreams and Ideas about Building a Business with Young Living Essential Oils

What is your heart's desire for your life? What is your mission – that dream that's bigger than you that lives on after you are gone? If money were no object, what would your life be like?

In order to fulfill your dreams –

How many hours per week are you willing to invest into your Young Living business? _____

During what time of the day will those hours be? Between _____ and _____

Are you willing to invest in your own health and in your ability to demonstrate product benefits by purchasing Young Living products through the Autoship Rewards Program? How much of your household budget for personal care products, nutritional supplements, etc. (Yes _____) (No _____)

Are you willing to invest operating capital each month? If so, how much? (Circle your choice)

\$50	\$100	\$150	\$200	\$250
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Are you willing to invest in a Leads Generation Program each month to grow your business? Television _____ Radio _____ Ad Campaigns _____ Internet _____ Other _____ If so, How Much? (Circle your choice)

\$50	\$100	\$150	\$200	\$250
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Life and Business Plan

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Are you willing to invest in replicating website: _____

What are your seven greatest strengths? Include work and personal characteristics.

1.
2.
3.
4.
5.
6.
7.

In what three areas do you feel you need assistance?

Do you have the capability of working on the Internet? (Circle those that apply to you)

Computer	Internet access	Email address
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Do you have an interest in building your business on the Internet?

Strong interest	Some interest	No interest
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What is your experience/comfort level in navigating the Internet and communicating via email?
(Circle your choice)

Very comfortable	Some experience, need some help	Inexperienced
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What monthly income would you like to be earning with your Young Living business?

In 6 months \$	In 1 year \$	In 3 years \$
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In what three local markets would you be interested in working to build your business? Examples:
Day Care centers, Massage Therapists, Chiropractors, Salons and Day Spas, Church Groups.

Market 1	Market 2	Market 3
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***Thank you! Please forward your completed plan to me via email.
We'll call to schedule a time for your planning session.***

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