

Connection PLAN



	NAME	PHONE	EMAIL	DATE TO MEET
MONTH 1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
MONTH 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
MONTH 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
MONTH 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
MONTH 5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
MONTH 6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Connection WORKSHEET



Name

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WAYS TO CONNECT (FB, IG, LI, ETC)

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FAVORITE THINGS/HOBBIES ETC

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RANDOM FACTS

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Business

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WHAT SHE DOES AND WHO SHE HELPS:

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HER GOALS FOR HER BUSINESS RIGHT NOW:

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.....

A GOOD REFERRAL FOR HER:

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.....
.....

WAYS TO WORK TOGETHER

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ACTION STEPS

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