

Application Form
BLOWING ROCK LEADERSHIP CHALLENGE 2026

Return to: Blowing Rock Chamber of Commerce, P.O. Box 406, Blowing Rock, NC 28605
Or email to: info@blowingrock.com

Name _____ Known As _____

Home Address _____ Phone _____

Employer _____ Phone _____

Business Address _____ E-mail _____

Title _____ Length of Employment _____

The responsibilities of my position include: _____

Community activities in which I have participated (list in order of importance to you)

Activity _____ Location _____ Year _____

Activity _____ Location _____ Year _____

Activity _____ Location _____ Year _____

What do you feel you have accomplished in these areas? _____

I wish to participate in the Blowing Rock Leadership Challenge 2026 because _____

Other Areas of Interest for Biographical Sketch

Hometown _____ Date of Birth _____

Family (include names and ages of children) _____

Hobbies and Interests _____

Dietary restrictions / food allergies / snack preferences _____

If selected for the 2026 class of Blowing Rock Leadership Challenge, I commit to attend the retreat, all eight sessions and the graduation event. Attendance at the retreat is mandatory. I understand that if I am unable to attend a session, I will be asked to attend some alternate event as a make-up session in order to qualify for graduation.

Signed _____

As the applicant's employer/direct supervisor, I authorize my employee to be absent from work for the dates shown on this application.

Signed _____

Name _____

Business or Organization _____