

**Application Form**  
**BLOWING ROCK LEADERSHIP CHALLENGE 2026**

**Return Date: February 1, 2026**

**Return to: Blowing Rock Chamber of Commerce, P.O. Box 406, Blowing Rock, NC 28605**

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 \_\_\_\_\_