



Associate Name: _____

Phone #: _____

**AT THE END OF THE MONTH
FAX OR EMAIL SHEETS TO:
877-412-8670
or tsardine@gmail.com**

FLORIDA TOOL BLITZ

TRACKING SHEET

	Prospect's Name	Contact Information	Email Address	Became Member	Became Associate	Confirm Live Event
	Example	555-555-5555	john@gamil.com	Yes	Yes	2/11
1)						
2)						
3)						
4)						
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