

# CROWN EAGLE VERIFICATION FORM

Crown Eagle Name \_\_\_\_\_ ADA # \_\_\_\_\_  
 Function Attending \_\_\_\_\_ Date \_\_\_\_\_

Upline Platinum \_\_\_\_\_ Upline Emerald \_\_\_\_\_  
 Upline Diamond \_\_\_\_\_

- Did you show the plan at least 3 or more times per week? YES  NO
- Did you generate at least 300PV personal & retail volume? YES  NO
- Did you have 6 legs going to function? YES  NO
- Did you have 3 legs with minimum of 5 SOPs each? YES  NO
- Did you develop and service customers? YES  NO
- Are you on SOCD / Streaming and BOM programs? YES  NO
- Do you listen to SOCD / Streaming and read BOM daily? YES  NO
- Do you attend all the functions of this business? YES  NO
- Do you counsel monthly with active system upline? YES  NO
- Do you build your business with integrity & accountability? YES  NO
- Do you communicate regularly with active system upline? YES  NO
- Do you subscribe to Britt Card? YES  NO

### 35 IBOs on SOPs

Name				
1.	8.	15.	22.	29.
2.	9.	16.	23.	30.
3.	10.	17.	24.	31.
4.	11.	18.	25.	32.
5.	12.	19.	26.	33.
6.	13.	20.	27.	34.
7.	14.	21.	28.	35.

### 50 IBOs attending all BWW functions

Name				
1.	11.	21.	31.	41.
2.	12.	22.	32.	42.
3.	13.	23.	33.	43.
4.	14.	24.	34.	44.
5.	15.	25.	35.	45.
6.	16.	26.	36.	46.
7.	17.	27.	37.	47.
8.	18.	28.	38.	48.
9.	19.	29.	39.	49.
10.	20.	30.	40.	50.

### 20 IBOs Subscribed to Britt Card

Name				
1.	5.	9.	13.	17.
2.	6.	10.	14.	18.
3.	7.	11.	15.	19.
4.	8.	12.	16.	20.

Crown Eagle Signature \_\_\_\_\_  
 Upline Platinum Signature \_\_\_\_\_  
 Upline Diamond Signature \_\_\_\_\_