



TLS Team Tampa Bay June 2019 Julie Landsiedel Local Challenge

CHALLENGE DATES: March 17, 2019 – June 16, 2019

DEADLINE FOR CHALLENGE PAPERWORK: By 11: 59pm Sunday June 16, 2019

1.) Coach at least 5 NEW TLS Customers through any TLS Program (21 DAYS, 4, 6, 8, 12 weeks or 7 day detox). Each customer has to use at least \$120 of TLS branded products.

CUSTOMER NAME/ORDER # & DATE ORDERED/TLS PROGRAM:

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2.) Purchase 4 tickets to the local event from the local coordinator or official ticket seller:

TICKET #1 \_\_\_\_\_

TICKET #2 \_\_\_\_\_

TICKET #3 \_\_\_\_\_

TICKET #4 \_\_\_\_\_

3.) Sponsor 1 qualified new Unfranchise Owner with the TLS Fast Start Kit or have the new partner qualify his/her business with 200BV of TLS Branded products.

NEW PARTNER'S NAME/9 DIGIT UFO ID/ Q DATE:

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4.) Purchase or sell 750 BV of TLS Branded Products



ORDER NUMBER/BV AMOUNT: \_\_\_\_\_  
ORDER NUMBER/BV AMOUNT: \_\_\_\_\_  
ORDER NUMBER/BV AMOUNT: \_\_\_\_\_

5.) Purchase \$300.00 from SHOP.com Partner Stores:

ORDER NUMBER/\$ AMOUNT: \_\_\_\_\_  
ORDER NUMBER/\$ AMOUNT: \_\_\_\_\_  
ORDER NUMBER/\$ AMOUNT: \_\_\_\_\_

6.) Attend or conduct at least 2 GMTSS events during the challenge period (TLS, motives, WCT, NUOT, B5, ECCT).

TRAINING/DATE: \_\_\_\_\_ TRAINER SIGNATURE: \_\_\_\_\_  
TRAINING/DATE: \_\_\_\_\_ TRAINER SIGNATURE: \_\_\_\_\_

7.) Attend a minimum of 2 UBP's with a guest for at least one:

DATE: \_\_\_\_\_ TRAINER SIGNATURE: \_\_\_\_\_  
GUEST NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ TRAINER SIGNATURE: \_\_\_\_\_  
GUEST NAME: \_\_\_\_\_

8.) Have at least 5 people take the weight loss profile through your [www.tlsSlim.com](http://www.tlsSlim.com) website. NOTE: When they take the profile, you receive email confirmation that they took it. Please submit the confirmation with your challenge paperwork (we do not need their entire profile results).

9.) Conduct at least 1 TLS Overview for yourself and/or your new partner. Can be in the home, webinar, 1:1 etc. and generate at least 2 TLS orders from it.

DATE OF OVERVIEW: \_\_\_\_\_

PCID/ORDER #: \_\_\_\_\_  
PCID/ORDER #: \_\_\_\_\_

10.) Re-take/take the Shopping Annuity Assessment:

DATE: \_\_\_\_\_

