

(800) FIT-IS-IT \bullet (760) 476-1750 \bullet Fax(760) 602-7180 2460 Impala Drive, Carlsbad, CA 92010 \bullet jazzercise.com

Franchise Application

This application is required to participate in a Jazzercise movement screening.

Email the application to the Jazzercise screener or District Manager in advance, or bring this form to your screening.

Returning franchisees who resigned less than 12 months ago should submit form to their district manager--no screening applies

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Land Name Firet		Look	
Legal Name First:		Last:	
Gender: Social Security #: Physical Address (No PO Box)		Birth Date (mm/dd/yy):	
Street:		Shipping Address (if different) Street:	
City:		City:	
	Zip:	State:	Zip:
Country:	Ζιρ.	Country:	Ζιμ.
Primary Phone:		Secondary Phone:	
Email:		Secondary Friorie.	
Recertifying Franchises	turning Franchisee—resigne—resigned more than 12 n ty where you take Jazzercis	nonths Former Ins	
Please do not list the move	vorkshop you would like to a sement screening date. es resigned less than 12 months a		d another workshop.
Please choose status optic Class Owner Junior Only (teaching to	Associate Low Im	pact Only ss Owner (manage	Lite Only franchise—not teaching Jazzercise)
Have you ever been convi If you have answered		No u are not eligible for	r a Jazzercise franchise agreement.
FOR U.S. ONLY—			
	en, do you have documenta "no", do not continue. You		nise in the U.S.? Yes No a Jazzercise franchise agreement.
I have provided is true and co	omplete. I authorize investi e Jazzercise and its agents	gation of all stateme	nstructor Application. All the information ents contained in this application and any damage whatsoever which may
Type Name:		Type Date:	
For New York Residents only: This with the Department of Law of the St For Minnesota residents only: F-109.	ate of New York. Such filing does		
FOR DISTRICT MANAGER	USE ONLY		
District Mar Approval:		Franch	ise District #·

_____Workshop Loc. & Date:____

Trainer & ID #:_____