CONFIDENTIAL PERSONAL STATEMENT AND FRANCHISE APPLICATION I understand that the information I am receiving from

This application does not commit you to buy a franchise. It merely gives us a starting point to determine if our Franchise is right for you. Please fill out clearly and completely, and email it to info@yogapod.com, or mail to 3701 Arapahoe Ave #109, Boulder, CO 80303.

I understand that the information I am receiving from the Yoga Pod or from any of their employees, agents, or franchisees is highly confidential and is being made available to me because of this application, and I will hold it in the strictest confidence.

We will immediately send you our Franchise Disclosure Document (FDD) with full details.

PERSONAL INFORMATION	
Name:	E-mail address
Age: Marital Status: Married Single Spouse's nar	ne:
No. of Children: Ages:	
Residence address:	
Street:	City:
State: Zip: Country: T	elephone:
Present Occupation:	
Position:	
Business address:	
Street:(City:
State: Zip: Country: T	
EDUCATION	
Circle last year completed: High School: 1 2 3 4 College	je: 1 2 3 4 M.A. Ph.D. Other:
Describe any training in marketing, management, yoga, retail,	academia or other business:
Describe any experience which would help aid you in your ab	ility to own a business:
PERSONAL REFERENCE (Friends, Neighbors, Business Associates)	
Full Name Address	Occupation Years Known
1	
2	
3	
CREDIT REFERENCE (Company)	
Address	Account Number Telephone
1	'
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4	

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	Other (include installment payments and other real estate)	\$
\$	Insurance premiums	\$
\$	Income taxes	\$
\$	Rent	\$
		\$
1	ANNUAL EXPENDITURES Mortagae	amount \$
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\$		\$
\$	Total liabilities	\$
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legal actions?	Yes No	
Yes No		
	## Property of the content of the co	If so, who: If legal actions? Yes No If legal actions?

__ Dated: _____

__ Social Security #:

What area are you interested in? (City/State)

Signed: __

Print Name: ____