



(800)FIT-IS-IT • (760) 476-1750 • FAX (760) 602-7180
2460 Impala Drive, Carlsbad, CA 92010 • 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.

Legal Name: First:		Last:	
Gender:	Social Security#	Birth Date (mm/dd/yy):	
Physical Address (No PO Box)		Shipping Address (if different)	
Street:		Street:	
City:		City:	
State:	Zip:	State:	Zip:
Country:		Country:	
Primary Phone:		Secondary Phone:	
E-Mail:			

- Name and city of the facility where you take Jazzercise?
- Location and date of the workshop you would like to attend?
(Please do not put the movement screening date)
- Former Jazzercise Instructor? Yes Former Inst # : No
- What instructor status are you interested in?
Class Owner
Associate
Junior Jazzercise only (teaching only to children)
Jazzercise Lite only
Jazzercise Low Impact only
Business Owner Franchise (managing a franchise only; not teaching Jazzercise)
- Have you ever been convicted of a felony? Yes No
If you have answered "yes", do not continue. You are not eligible for a Jazzercise franchise agreement.

****FOR U.S. ONLY****

- If you are not a U.S. citizen, do you have documentation to own a franchise in the U.S.? Yes No
If you have answered "no", do not continue. You are not eligible for a Jazzercise franchise agreement.

I have read and understand the information in the Prospective Jazzercise Instructor Application. All the information I have provided is true and complete. I authorize investigation of all statements contained in this application and hereby unconditionally release Jazzercise and its agents from all liability for any damage whatsoever which may result from furnishing the same.

Type Name

Type Date

For New York Residents only: This advertisement is not an offering. An offering can only be made by a prospectus filed first with the Department of Law of the State of New York. Such filing does not constitute approval by the Department of Law.
For Minnesota residents only: F-1092

FOR DISTRICT MANAGER USE ONLY

Approved by (District Manager): _____ Franchise District #: _____

Trainer Name & ID #: _____ Workshop Location & Date: _____