



Project Assist Incorporated

Studio Application

Date: _____

Studio Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Studio Phone: _____ Fax Number: _____

Studio Owner: _____ SSN: _____ DOB: _____

Studio Contact (If different from owner) _____

Years in business: _____ Number of Studios Owned: _____ Number of Students: _____ Children% _____

Yearly Tuition: (Basic Program)\$ _____ (Black Belt Club): \$ _____ Uniform Included? Y N

Extra costs if any: _____

Business Reference: _____ Phone: _____

Business Reference: _____ Phone: _____

Art Form: _____ Art Background & Personal Accomplishments: _____

What contributions, if any, has your studio already made in the community? _____

We will host a : _____ Fund-Raiser on: _____, 20____
(Date of Event)

In witness whereof, this _____ day of _____, 20____.

Witness Signature

Witness Name (printed)

Studio Owner's Signature

PLEASE INCLUDE A \$25.00 APPLICATION FEE PAYABLE TO PROJECT ASSIST
(Fee refunded if application is denied)