



EXPRESSION OF INTEREST SKIDS Franchise Application Form

My interest level in this Opportunity is (least) 1 2 3 4 5 6 7 8 9 10 (most)

Name: _____

Home Address: _____

No. of years at this address: _____

Date of Birth: / /

Phone: _____ Mobile: _____

Fax: _____ Email: _____

Lawyer: _____ Accountant: _____

Bank: _____ Current occupation: _____

Three Questions I would like to ask are:

1. _____

2. _____

3. _____

My three greatest attributes are:

1. _____

2. _____

3. _____

I understand that by signing this form I am not legally obligated to uphold any Franchise and that all information supplied by me will remain confidential. I also agree to keep all proprietary information not already in the public domain, confidential and return all loaned materials to their source when requested. I am/am not (delete one) currently employed in the Out of School Care industry.

Yes I wish to receive more information about this exciting business opportunity, please contact me.

Full printed name Signature

Fax to (09) 5769902 Or post to:
P O Box 259262 GREENMOUNT 2141

We will contact you within 48 hours to arrange a time to discuss this exciting opportunity.