

NPLA

Franchise Registration



Application Form

The information you provide will be held in the strictest confidence and completion of this form in no way constitutes a commitment to the National Professional Lacrosse Association or that a franchisee applicant will be automatically awarded. We encourage you to share any relevant information and include anything that you find will make your candidacy stand out as a potential franchisee. If you are planning to have a business partner or investor, he/she should complete a separate application form and hand it in along with yours. Thank you again for your interest in the National Professional Lacrosse Association.

Please E-mail, Mail, Fax or deliver to:
Corporate Office
National Professional Lacrosse Association
1602 Ridge Road
Baltimore MD 21228
Telephone: 410-719-2265
Fax: 443-267-0091
E-mail: gkennedy@thenpla.com

About Yourself

Full Name:

Home Address:

City	Province: State	Postal Code: Zip Code
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Previous Address (If at current address less than 3 years):

Home Phone: _____ May we contact you here? Yes ___ No ___

Bus. Phone: _____ May we contact you here? Yes ___ No ___

Bus. Fax: _____ May we contact you here? Yes ___ No ___

Date of Birth: _____ Citizenship: _____ SSN: _____

Name of last educational institution attended: _____ Degree/Diploma received: _____

Will there be any other active partners in this business? Yes ___ No ___

Name of Partner 1:

Name of Partner 2

Name of Partner 3

PLEASE NOTE: If you do have a partner, a separate application form will be needed to be submitted

How did you become interested in the National Professional Lacrosse Association franchise?

___ You were contacted directly (Specify by whom)

___ Existing franchisee (Specify name/location)

___ Other (Specify)

Employment History

Present Employer		
May we contact your present employer?		Yes__ No__
Employed from:	To: Position:	Salary:
Duties/Responsibilities:		
Company:	Telephone:	Supervisor's name:
Previous Employer 1		
May we contact your previous employer?		Yes__ No__
Employed from:	To: Position:	Salary:
Duties/Responsibilities:		
Company:	Telephone:	Supervisor's name:
Reason for leaving:		
Previous Employer 2		
May we contact your previous employer?		Yes__ No__
Employed from:	To: Position:	Salary:
Duties/Responsibilities:		
Company:	Telephone:	Supervisor's name:
Reason for leaving:		
Other Information		
Have you ever been self employed?		Yes __ No __
If yes, what type of business?		
Have you or any company you have owned declared bankruptcy?		Yes __ No __
Have you ever been involved in any type of civil litigation or criminal offence?		Yes __ No __
If yes for either of the above 2 questions, please provide details:		
From a business perspective, what would you say are your greatest...		
Strengths?		
Weaknesses?		
List any hobbies, community activities or special interests:		

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Your Interests and Commitment

Please specify which geographic areas you are interested in by order of preference:

1

2

3

What are your expectations by owning a National Professional Lacrosse Association franchise?

What annual income after expenses do you hope to generate from your business?

How much time will you spend at your franchise? Full time ___ Part time ___ (specify hours)

If you have partners in the business, will they be active in the day-to-day operations? Yes___ No___

Will friends, family or associates be helping you? Yes___ No___

If so, who are they?

How will they help?

Your Abilities

Why do you think you will succeed as a National Professional Lacrosse Association franchisee?

Why are you interested a National Professional Lacrosse Association franchise?

Given that the success or failure of your business is primarily your responsibility, what would you do to promote your business?

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Please provide an example where you have hired, trained and/or motivated staff or why you believe you will be a strong manager of people:

Financials

(All information provided is strictly confidential and will be treated as such)

Assets		Liabilities	
Cash		Bank loan (car, line of credit etc.)	
Securities		Notes payable	
RRSP's		Home mortgage	
Notes and Loans Receivable		Credit card balance	
Home (market value)		Other real estate loans	
Other real estate		Other liabilities)	
Other assets (please specify)			
Value of business (if self employed)			
Total Assets		Total Liabilities	

Credit card(s) or margin of credit held and limit(s):

Credit 1	Limit
Credit 2	Limit
Credit 3	Limit

Current net monthly income

Current net monthly expenses

Salary		Rent/mortgage	
Spouse's salary		Utilities	
Other income		Car expenses	
		RRSP	
		Other	
Total monthly income		Total monthly expenses	

Which specific assets do you intend to use to meet the cash requirements?

1.	2.	3.	4.
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Other Comments:

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Financial References

Name 1:	Company:
Telephone:	Relationship:
Name 2:	Company:
Telephone:	Relationship:
Other References	
Name1:	Company:
Telephone:	Relationship:
Name 2:	Company:
Telephone:	Relationship:
Comments:	

I hereby certify that all information provided in this application is true and correct as of the date below. I authorize the National Professional Lacrosse Association or its affiliates of agents to conduct any necessary credit checks and hereby waive my right conferred upon me by the stature or otherwise regarding any disclosures obtained by the National Professional Lacrosse Association or it's affiliates or agents. I understand that any false information or consequential omission contained in this application would be cause for immediate terminations of any subsequent agreement reached between myself and the National Professional Lacrosse Association.

The submission of this application does not obligate me or the National Professional Lacrosse Association in any way or manner.

Date:	Signature:
Print name:	



Confidentiality and Non-Disclosure Agreement

The National Professional Lacrosse Association Agrees to provide to the undersigned pertinent confidential and proprietary documents and information relating to the National Professional Lacrosse Association.

The undersigned agrees that this and any subsequent information received will be held in the strictest confidence and only used for the sole intention of evaluation a National Professional Lacrosse Association business plans for the purpose of negotiating a National Professional Lacrosse Association Franchise. The undersigned further agrees this information shall only be make available to his/her financial and legal advisors, and then only under the terms and conditions that are set forth herein.

In the event that it is determined that there is no interest in negotiating the acquisition of a National Professional Lacrosse Association Franchise, all documents and information provided shall be returned to the National Professional Lacrosse Association.

Signed:	Date:
Print Name:	
Address:	