



filmmakers

FRANCHISE INFO REQUEST

Please complete and send to Kid Filmmakers, P.O. Box 12, Newport, RI 02840.

All information kept strictly confidential.

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL: _____

AGE: _____ MARITAL STATUS: _____

BEST TIME TO CALL: _____

ARE YOU CURRENTLY EMPLOYED? _____

DESCRIBE ANY BUSINESSES YOU HAVE OWNED: _____

ANNUAL HOUSEHOLD INCOME: _____

CAPITAL TO INVEST: _____

PREFERRED GEOGRAPHICAL LOCATION OF FRANCHISE: _____

WILL THIS BE A PART-TIME OR FULL-TIME BUSINESS? _____

WILL YOU HAVE A BUSINESS PARTNER? _____

DESCRIBE YOUR SALES, MARKETING, EDUCATIONAL AND/OR FILM TRAINING: _____
