



TOCA® Affiliate Program Application

Thank you for considering the TOCA® Affiliate Program. This form will help you prepare the personal and business information that we will use to consider your application. Please complete it thoroughly and note that the completion of this application form places no continuing obligation on either you or TOCA.

1. **APPLICANT** – Basic information about the person or business applying to become a TOCA Affiliate

Name: _____ Tax ID No. or SSN: _____

This is the name of the Licensee that will appear on the Affiliate License Agreement and TOCA Touch Trainer Lease Agreement.

Business Form: ___ Corp (C or S?) ___ Limited Liability Company

 ___ Partnership (G or L?) ___ Sole Proprietor

For Corporations and LLCs: State _____ Date Formed _____ DUNS: _____

Street: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Email: _____

Timing – when you do want to open a TOCA Training Center? _____

The following information must be provided for at least one principal contact for the applicant.

Principal Contact: _____ Title: _____

Principal Contact SSN: _____ DOB: ___/___/_____

Contact Phone: _____ Contact Email: _____

Principal Contact: _____ Title: _____

Principal Contact SSN: _____ DOB: ___/___/_____

Contact Phone: _____ Contact Email: _____

Credit checks and public records searches are run on all applicants and qualified principals. If you plan to apply as a business or use a special purpose entity to become a TOCA Affiliate, a Personal Guaranty will be required from a qualified principal of the business.





2. **EXISTING BUSINESS** - Do you currently own or operate a business that would relate to the TOCA Training concept? If so, tell us about it.

Business Name: _____ How long? _____

Type of Business (Retail, Wholesale, Service, Other?): _____

Street: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Email: _____

Online Presence:

Facebook: _____ Instagram: _____

Twitter: _____ YouTube: _____

Website: _____

3. **LOCATION & SIZE** – Information on the location and number of Studios for your proposed TOCA Training™ business.

Where do you want to open your TOCA Training Center?

State: _____ City: _____

Are you planning a TOCA Training Center that is: ___ Stand-alone ___ Within Larger Sports Center

Do you already have a location or facility? ___ Yes ___ No

If Yes, tell us about it:

Name, if applicable: _____

Street: _____

City: _____ State: _____ Zip: _____



Indoors: ____ Outdoors: ____ If within a larger sports center, what sports are offered at the center? _____

Own: ____ Rent: ____ If Rent, expiration date of current lease: _____

Size of Total Building or Facility (Sq Ft): _____ Area Available for TOCA Studios (Sq Ft): _____

Is this location zoned to permit the opening of a TOCA Training Center? ____ Yes ____ Unsure

Are there are any provisions in your current lease that would prevent the opening of a TOCA Training Center? ____ No ____ Unsure

Number of TOCA Studios planned for your TOCA Training Center: _____

Enclosed per-studio size generally ranges from 800-1,000 sq ft not including circulation and common areas.

If you do not have a site, when do you expect to have a location identified? _____

4. BUSINESS & PERSONAL EXPERIENCE – Please attach a resume or CV to your application. If you are applying as a business, please include a history of that business.

Current job or profession: _____ How long? _____

Have you owned or operated a retail business? ____ Yes ____ No

If Yes, tell us about it: _____

_____ How long? _____

Tell us about any other businesses you have owned or operated: _____

_____ How long? _____

Tell us about your activities and involvement in your local community: _____

Have you previously or currently own(ed) a company that has filed for bankruptcy? ____ Yes ____ No

If Yes, provide details: _____



Have you ever been convicted of a felony? ___ Yes___ No

If Yes, provide details: _____

5. **SOCCER EXPERIENCE** – Tell us about your love of soccer and your history in the sport. Please attach any additional information that helps illustrate this.

How long have you been involved in the soccer community? _____

Tell us about your involvement: _____

Why do you want to become a TOCA Affiliate? _____

Who will be the certified TOCA Master Trainers at your TOCA Training Center? _____

6. **REFERENCES** – Please provide two (2) business references and two (2) soccer references. We do check references for all applicants.

1st Business Reference Name: _____

Relationship: _____ Yrs Acquainted: _____

Phone: _____ Email: _____

2nd Business Reference Name: _____

Relationship: _____ Yrs Acquainted: _____

Phone: _____ Email: _____

1st Soccer Reference Name: _____

Relationship: _____ Yrs Acquainted: _____



Phone: _____ Email: _____

2nd Soccer Reference Name: _____

Relationship: _____ Yrs Acquainted: _____

Phone: _____ Email: _____

7. **SUPPORTING INFORMATION** – Please include as much of the following as you can with your application.

- **Business Plan** – The business plan for your TOCA Training Center will be one of the most important things we review with your application. It does not have to be long, just well thought out. We encourage you to do one and include it with your application.
- **Financial Resources** – The capital needed to open a TOCA Training Center will vary by size, location and geography. To set everyone up for success, we will carefully assess whether each applicant has the financial resources to execute their business plan. Please provide information confirming those resources, such as personal or business financial statements.
- **Resumes and CVs** – We are interested in your history, especially in the soccer community.

Please sign below to confirm that the facts you have given are true to the best of your knowledge and belief and may be used by TOCA to evaluate your application. By signing below, you authorize TOCA Football, Inc. to order a credit report and public records search on the applicant and the applicant’s Principal Contacts, as well as subsequent reports which may be used in conjunction with the maintenance, updating, renewal or extension of the Affiliate relationship, or the enforcement of any of its terms. You further agree that all business references you may provide, including banks, may release credit and financial information to TOCA Football, Inc.

Signature: _____ Signature: _____

Printed Name: _____ Printed Name: _____

Title: _____ Title: _____

Date: _____ Date: _____