



LOFT NAME: _____
CONTACT NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ EMAIL: _____

\$1500 ONE TIME FRANCHISE FEE

Only 150 Franchise To Be Sold

\$500 SUSTAINING FEE (COLLECTED ANNUALLY)

No more than two franchises to be owned by one person

YOU OWN THE FRANCHISE TO DO WITH AS YOU PLEASE!

(You can OWN it, LEASE it or SELL it.)

By owning the franchise you have to fill the spot every year or you lose your franchise.

YOU MAY NOT PARTICIPATE IN THIS RACE WITHOUT OWNING A FRANCHISE.

Number of Franchise Purchased: _____ Total: _____

Franchise 1 Name: _____

Franchise 2 Name (Optional): _____

TOTAL:

Make Checks Payable to:
Flying D or Paul Daniel

Mail To:
693 FM 2127 Chico, TX 76431

SIGNATURE

CHECK #

DATE

**By Signing This Form, I acknowledge and agree to terms listed under Rules & Regulations.*