



POP-UP FITNESS APPLICATION

Complete & Send to:
thefitlifeexpo@gmail.com

Business Name:

Business Address:

Contact Name:

Contact Email:

Is Your Business Registered as a Vendor? Yes No

What type of work out will your gym lead? _____

Are you willing to promote the class to your members? Yes No

Will you bring equipment? Yes No

If so, what type of equipment? _____

Do you need help setting up? Yes No

Contact Signature / Date Submitted
