ABUV.IT Studio Network

Studio Partnership Application

Please complete every section thoughtfully and in full. Completed applications should be emailed to **abuv.it.info@gmail.com** upon completion.

Studio Contact Information

Studio Name

_____

Applicant Name

_____

Your Role (circle one): Owner Manager

Email Address

_____

Phone Number

_____

Studio Address

_____

Instagram Handle

_____

About Your Studio

When was your studio established?

_____

_____

Approximately how many active members does your studio have?

_____

_____

What styles of yoga do you primarily offer?

_____

_____

Describe the culture and mission of your studio.

_____

_____

Experience Programming

Why are you interested in partnering with the ABUV.IT Yoga Agency?

_____

_____

What types of ABUV.IT Experiences would your community enjoy most?

_____

_____

Have you hosted workshops or specialty experiences before? If yes, please describe.

_____

_____

What days and times work best for monthly experiences?

_____

_____

Growth & Partnership

What are your goals for your studio over the next 3 years?

_____

_____

What do you hope this partnership will bring to your members?

_____

_____

How did you hear about the ABUV.IT Yoga Agency?

_____

_____

Agreement

I certify that the information provided is accurate to the best of my knowledge. I understand that submission of this application does not guarantee acceptance into the ABUV.IT Studio Network. Partnerships are limited to studios that align with the mission and professional standards of ABUV.IT.

Applicant Signature

_____

Date

_____

Submission Instructions: Please send this completed application to **abuv.it.info@gmail.com** upon completion.