

Save-A-Life Project USA

*Making America a Safer Place for Women and Children
One Person at a Time!*

APPLICATION FORM

Name: _____

Address: _____

State: _____ Zip: _____

Phone: _____

E-Mail: _____

Attach a copy of the following documents:

- **Photo copy of state driver's license or passport**
- **Copy of Drug Test within the last year**
- **Copy of Police Background Check within the last year**
- **Copy of Martial Arts Self Defense Instructor's License**
- **Copy of state or county business license**

I promise to accept the Save-A-Life Project USA Referrals for 1 month of FREE training at my martial arts school. I support the cause of ending domestic violence and will help through the Save-A-Life Project USA program. I understand that to become an approved location I must commit to providing the training program for a minimum of 3 years.

Signature: _____ Date: ____/____/____