



MATCHMAKING
INSTITUTE

Your Business Plan

As part of the certification process, we ask you to complete this business plan questionnaire and return it to us.

Instructions:

Please fill out all fields, save the document and send it to info@matchmakinginstitute.com

Your Name

Date

Name of Business

Business Address

City / State

Zip Code

Business Phone #

Email Address

Date of certification

Business Description

Niche market (age, community, gender)

Where is your business located?

What are your areas of service?

What cities do you serve?

How many clients will you be able to serve at the same time?

What is your price structure?

How many introductions will you guarantee (monthly or per length of contract)?

Will you show photos?

Will you perform background checks?

What will your refund policy be?