

# The Fitness Garage

Application Form 2010



Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender : \_\_\_\_\_

Address: \_\_\_\_\_

CA

Phone: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

@

Emergency Contact Information: \_\_\_\_\_

School Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Sports Team Name: \_\_\_\_\_

Please choose **day** and **time** with X

	Mon	Tue	Wed	Thu	Fri	Sat
4:00~5:00						
5:00~6:00						
6:00~7:00						

Fee:

Monthly fee -Group class - once a week	\$ 60.00
- twice a week	\$100.00
Personal training (please contact us)	\$ 50.00
Physical test	\$ 50.00
Team Rate (over 8pax)	\$ 50.00

Parent / Guardian Signature \_\_\_\_\_

Note / Injury \_\_\_\_\_

\*\*\*web application\*\*\*