



Fitness Boot Camp

APPLICATION

Personal Information

Participant's Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____ Date of Birth: _____

Membership Yes No If yes, expiration date: _____

How did you hear about us? _____

Parent/Guardian's Name: _____
(if necessary) Last First M.I.

Emergency Contact: _____

Participation Information

Activity	Month	Fee
Boot Camp	September	
Boot Camp	October	
Boot Camp	November	
Boot Camp	December	
Boot Camp	January	
Boot Camp	February	
Boot Camp	March	
Boot Camp	April	
Boot Camp	May	
Boot Camp	June	

Fee: \$20 per session for non-members, \$15 per session for members

