



AF 24-Hours

All Fitness Customized Training

CLIENTS NAME: _____ DATE: ____/____/____

PARENT/GUARDIAN NAME: _____ AF REP's NAME: _____

PHONE: DAY: (____) _____ EVENING: (____) _____ EMAIL: _____

ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP: _____

SCHOOL: _____ GRADE LEVEL: _____

TRAINING PROGRAMS & OPTIONS

| | <u>MONTHLY</u> | <u>ANNUAL</u> | <u>FAMILY</u> |
|--------------------------|--|-------------------------|-----------------------------|
| ___ GYM MEMBERSHIP | \$30.00 | \$335 | \$80 / Month |
| | <u>PER SESSION</u> | <u>10 Sessions</u> | <u>20 Sessions</u> |
| ___ PERSONAL TRAINING | \$85 | \$75ea | \$65ea |
| ___ SMALL GROUP TRAINING | | <u>Per Session</u> | |
| | GROUP OF 2 | \$40ea | |
| | GROUP OF 3 | \$30ea | |
| | GROUP OF 4 | \$25ea | |
| ___ OTHER PROGRAMS | Describe _____ | Clients: _____ | Sessions: _____ Cost: _____ |
| ___ TEAM TRAINING | TBD (Customized based on participants) | Clients: _____ | Sessions: _____ Cost: _____ |
| | | Cost Per Client = _____ | |

Day/Time 1: _____ Day/Time 2: _____

Day/Time 3: _____ Day/Time 4: _____

Program Start Date: ____/____/____ Program End Date: ____/____/____

Additional Notes: _____

Client Signature: _____

PAYMENT INFORMATION

| <u>PAYMENT PLAN</u> | | <u>DATE DUE</u> |
|----------------------|----------|-----------------|
| TOTAL COST | \$ _____ | |
| Paid Today | \$ _____ | |
| Monthly Payments | \$ _____ | ____/____ |
| | \$ _____ | ____/____ |
| CC # _____ | | Exp _____/____ |
| Security Code: _____ | | |