

Enhance Personal Training & Athletic Performance, Inc.

FITNESS BOOT CAMP

Program Attendance: (please check all that apply)

_____ Session I: June 17th – July 24th Wednesdays & Fridays 5:30am - 6:30am

_____ Session II: June 17th – July 24th Wednesdays & Fridays 9:00am – 10:00am

Program Cost: \$180

Name: _____

Phone Number: _____

E-mail: _____

Home Address: _____

City: _____ Zip Code: _____

Please Check Payment Type:

_____ Cash _____ Check _____ Credit

Charge My: _____ VISA _____ MasterCard _____ AMEX

Account #: _____

Expiration Date: _____

Cardholder's Signature: _____

Date: _____

- *Full payment must accompany the registration form. With a Director's approval, a pro rated fee will be charged to any student enrolling after the start of a session.*
- *Checks are made payable to "Enhance Personal Training & Athletic Performance, Inc."*
- *Class fees are non-refundable except in the following circumstances:*
 1. Documented medical disability
 2. Family emergency
 3. Class cancellation due to minimum enrollment of 4 participants not being met.

Please mail registration form and payment to:

Michael J Padua Jr.
811 S. Lytle St. Unit 215
Chicago, IL 60607

Or

Email registration form and payment to (credit card only):

mpaduajr@gmail.com