



MEMBER COURSE REGISTRATION

NAME _____

PARTICIPANT'S NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

EMAIL _____

TELEPHONE # _____ MOBILE _____

AGE (Required if under 18) _____ DATE OF BIRTH (month & day only) _____

EMERGENCY CONTACT NAME _____

TELEPHONE # _____ MOBILE _____

REALTIONSHIP TO PARTICIPANT _____

HOW DID YOU HER ABOUT KLH FITNESS? _____
(if referred please provide their full name)

COURSE ENROLLMENT

- ☐ **FITkidz (6 weeks)**
\$97/month +HST

SUB TOTAL _____

LESS DISCOUNT _____

TAXES (13%) _____

TOTAL _____

PAYMENT DETAILS

☐ CREDIT CARD ☐ Visa ☐ MC # _____

EXPIRY DATE _____ CSV _____

SIGNATURE

☐ DIRECT DEBIT/CHEQUE

☐ CASH

Questions? Please contact KLH Fitness T 905.751.8651 E kathleen@klhfitness.com
www.klhfitness.com

