



MEMBER COURSE REGISTRATION

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

EMAIL _____

TELEPHONE # _____ MOBILE _____

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

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

COURSE ENROLLMENT☐ **Fit HIIT**☐ **Personal Training**☐ 3 Month (Contract) \$97/month +HST☐ Month-to-Month (No Contract) \$107/month +HST☐ **Fit and 55+**☐ Month-Month (No Contact) \$117/month +HST☐ 10 Session Pack (Contract) \$127/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

