

REGISTRATION FORM

Name _____

Address _____

City State & zip _____

Phone #: _____

Email _____

Session(s) you are registering for:

1. _____

2. _____

Payment Method:

Check # & Amount _____

Circle: Visa Master Card

Card # _____

Exp Date _____

Sec code from back of card _____

Please mail this form and payment to
FITNESS RX-28575 WINTERGREEN DRIVE, FARMINGTON HILLS, MI 48331