



Registration

Name: _____

Address: _____

City: _____

Zip: _____

Date of Birth: _____

Home Phone: _____

Work Phone: _____

Fax: _____

E-mail: _____

Camp site: _____

Emergency Contact: _____

Rate current Fitness Level (1 - 10): _____

Preferred Workout Time: _____ (5am, 6am, 7am, 6pm, 7pm)

Referred By: _____

Form of Payment: _____ (check, or money order)

Send to:
Fitness Bootcamp Inc.
P.O. Box 1936
North Little Rock, Arkansas. 72115
501-765-5425