

2019 Kickboxing Xtreme Registration Form

Member Information

Date _____

Name _____

E-Mail _____

Phone _____

Complete ALL questions below

1. Select which class time you are registering for

5:30-6:15 AM 6:30-7:15 AM 11:30 AM-12:15 PM 4:30-5:15 PM

2. Do you have experience with kickboxing or have you completed the KBX personal 101 orientation session?

No - Schedule personal 101 orientation session at the front desk. Payment information will be collected upon completion.

Yes - Select your payment method. All payment options are non-refundable.

Monthly Automatic Withdrawal

| Initial Payment Date | Amount Due Now | Automatic Withdrawal Begins |
|----------------------------------|----------------|-----------------------------|
| 1-16 th of the month | \$20 + Tax | Next month |
| 17-31 st of the month | \$30 + Tax | |

Session rate. Session ends March 30, 2019.

Date Paid _____ Amount Due _____

3. Do you have the following personal items needed for class?

Yes No

Speed Rope (Jump Rope) If you don't, you will be given one upon payment.

Boxing Gloves or MMA Gloves. If you don't have gloves, you can purchase them from the Pro Shop.

Bank Automatic Withdrawal Authorization Agreement

Need copy of voided check

(circle one): Checking Account Savings Account

Bank Name _____ Branch _____

Bank Routing# _____ Account# _____

Account Holder Name _____

NAME(S) of participants to be withdrawn from this account _____

Account Holder Signature _____ Date _____

I understand that by signing this agreement, I hereby authorize the Collins Aerospace Recreation Center to make the stated monthly withdrawal from the bank account identified on the second or third business day of the month. This authority is to remain in full force and effective until I terminate it by completing a Kickboxing Xtreme cancellation form at the Rec Center front desk. Participant must give 30 days notice by completing a cancellation form at the front desk.

Staff Only (Initial when completed) _____

Total Amount Paid \$ _____

Membership # _____

Invoice # _____