

TWO PEAKS FITNESS

Date: _____

Name: _____ Age: _____ DOB: _____

Address: _____

Phone: _____ Email: _____

What days and hours are you most likely to work out?

Membership type: Please include children under 13 years to be included, free of charge, for special events

INDIVIDUAL ___ STUDENT ___ COUPLE ___ SENIOR ___ SILVERSNEAKERS ___ FAMILY ___

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

OFFICE USE ONLY	
Excel:	___
Door code:	___
QB setup:	___
QB invoice:	___

Door code:

DAILY ___ WEEKLY ___ MONTHLY ___ ANNUAL ___

This institution is an equal opportunity provider and employer.