



P.O. Box 351, Greenvale, NY 11548

516-880-4220

UltimatePerformanceFitness.com

UltimatePerformanceFitness@gmail.com

PROGRAM REGISTRATION

Date _____ Youth _____ Adult _____ Age _____ Male _____ Female _____

Called _____ Stopped by _____ How did you hear about UPF? _____

Participant's Name _____

Name of Parent or Guardian _____

Street Address _____

Tel. Home _____ Cell _____ Work _____

E-mail _____

(Important to receive information throughout the school year)

**PLEASE, NO BUSINESS EMAIL ADDRESSES, ONLY INDIVIDUAL ADDRESSES – OUR SERVER DOES NOT WORK WITH BUSINESS ADDRESSES.

**BY MAKING PAYMENT(S), I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE POLICIES, TUITION AND PAYMENT SYSTEM, AND AGREE TO ALL OF ULTIMATE PERFORMANCE + FITNESS INC. POLICIES. PLEASE ENROLL MY CHILD FOR THE _____ WEEK PROGRAM.

Signature _____

Program(s) for which your child is registering:

PROGRAM _____ Day _____ TIME _____

PROGRAM _____ Day _____ TIME _____

PROGRAM _____ Day _____ TIME _____

Amount Paid _____

Cash _____ Check _____ Visa _____ MasterCard _____ AMEX _____ Discover _____

Credit Card # _____ Exp. Date _____ Code _____ Date Paid _____

____ Please check here if you do NOT want your balance automatically paid on due date

____ Please check here if you child has any special needs.

Describe

