



Body Bangout/Physical Fitness

Personal Training/Membership Agreement (Pre-Paid Only)

CLIENT INFORMATION

Name: _____

Address: _____

City, State Zip: _____

Home Phone No.: _____ Cell Phone No.: _____

Emergency Contact: _____ Phone No.: _____
(Optional)

SESSION/PACKAGE INFORMATION

Number Purchased: _____

TYPE

Individual

Group

Amount Paid: _____ Beginning Date: _____ Ending Date: _____