



SPORTS PERFORMANCE TRAINING

Athlete's Name: _____
(First name) (Last name)

Parent/Guardian: _____
(First name) (Last name)

Athlete's Date of Birth: ____/____/____ Age: ____ School: ____
(Month) (Day) (Year)

Address: _____
(Street) (City) (State) (Zip)

Phone: (____) ____-____ (____) ____-____ (____) ____-____
(Home) (Cell) (Work)

Email: _____
(Please print)

Payment Options

(Please initial payment option choice)

Entire Season (ending in mid May): \$356 _____

1 Month Only: \$129 _____

Form of Payment

(Please initial form of payment option)

Cash: _____

Check: (please make payable to SPORTS PERFORMANCE INSTITUTE, Inc.): _____

VISA: _____ MASTERCARD: _____ AMEX: _____ C.C. #: _____ Exp. ____/____

Authorization (signature): _____ Date: ____/____/____