

# **THE GRIND FITNESS AND WEIGHT LOSS CHALLENGE**

Thank you for registering to take part in The Grind Fitness & Weight Loss Challenge! We look forward to helping you achieve your weight loss goals! To secure your place, please fill in this form and return it to us as soon as possible along with your payment.

## **REGISTRATION DETAILS:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## **Method of Payment**

- Cash
- Check (please make payable to The Grind)
- Credit/Debit Card

## **CREDIT CARD AUTHORIZATION FORM:**

Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

I authorize The Grind Fitness and Sports Performance to charge the sum of \$85.  yes

Credit Card type:

Mastercard  Visa  American Express  Discover  Other \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration: \_\_\_\_/\_\_\_\_

Security code: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

