

SWAT PT REGISTRATION FORM

APPLICANT INFORMATION

Name:		
Age/Sex:	Phone:	2nd Phone:
Current address:		
City:	State:	ZIP Code:
Shirt Size: S M L XL XXL	E-mail:	

CLASS INFORMATION

Sabine Bridge (Mondays, Wednesdays, & Fridays - 5:30am-6:30am)

*Intended Start Date (see below): _____

EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

CLASS FEES

FEES ARE ON A CALENDAR MONTH BASIS ONLY, REGARDLESS OF NUMBER OF DAYS IN MONTH.

New Member: __ \$45 (one time fee)	One Month: ____ \$99	Three Months: ____ \$267 (\$30 savings)
Six Months: ____ \$474 (\$120 savings)	One Year: __ \$708 (\$480 savings)	Total Enclosed:

SCHEDULE INFORMATION

You may start classes anytime. If you start classes anytime during the month, you will be responsible for the full monthly payment; OR you may wait until the first scheduled day of training on the next calendar month to receive a full month's benefit.
****Please specify your intended starting date above in the class information section.****

Make sure we have a good phone number to reach you. We are SWAT officers and are on call 24/7. If no one is able to make the class we will contact you by phone to advise you.
If we are called out, we have a few of our regular members that can give you a great workout

REQUIREMENTS

All new members will receive a SWATPT dryfit shirt and SWATPT water bottle. All members will be required to wear the issued shirts during class and carry water. Members are asked to wear black or gray shorts/tights and running shoes.

Classes will start promptly at listed times. If late, try to find us!
If you miss a class, you may take another at one of the other listed times and/or locations.

Remember we are not the military and like to enjoy ourselves. We will push hard but like to have fun in the process.

PAYMENT

We prefer payment through our Paypal link at SWATPT.com.
If you would rather send payment, print a copy of this form and enclose it with the payment.

Send payment to:
SWATPT.COM PO Box 131093 Houston TX 77219
Phone:715-779-3283 ; Fax:715-779-3285

SIGNATURE

I read and understood the information above and agree to conform to the guidelines and requirements listed.

Signature of applicant:	Date:
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