

Member Registration Form

Name:	Date of Birth:
Phone Number: Email Address:	_
Emergency Contact Name:	Phone Number:
For sanitary purposes we require	you to have your own boxing gloves for our classes. We have them
•	ty or you are welcome to use your own. are happy with assisting you for a proper fit.
Weight for Boxing Class:	
	dditional immediate family member (same household
Unlimited Monthly Fitness	s classes \$75.00 +tax
Unlimited Monthly Boxing	classes \$75.00 +tax
Unlimited Fitness + Boxin	g Classes \$85.00+tax
Unlimited Monthly (kids) S	55.00 +tax
Yearly \$825.00 annual fe	e +tax (Fitness classes) \$935.00 annual fee +tax (Fitness + Boxing)
Drop In \$10.00/class	
Cash/Check payment due	the 1st of every month
Prorated Fee	BOX * N BURN
Credit	Card Authorization Form
	ancel this authorization at any time by contacting us. /pe: □ MasterCard □ VISA □ Discover □ AMEX □Other
Cardholder Name (as shown on c	ard):
Card Number:	
Expiration Date (mm/yy):	_ZIP Code (from credit card billing address):CVC
	authorize Texas Box N Burn, LLC. to charge my credit card above for recurring
payments for my monthly membership. I u	nderstand that my information will be saved to file for transactions on my account.

Customer Signature: ______Date: ______