



Member Registration Form

Name: _____ Date of Birth: _____

Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

For sanitary purposes we require you to have your own boxing gloves for our classes. We have them available for purchase at our facility or you are welcome to use your own.

Boxing Glove Size: _____ We are happy with assisting you for a proper fit.

What Membership are you signing up for?

Family Plan is \$65.00 monthly membership and each additional immediate family member is \$10.00 off.

- Unlimited Monthly \$65.00 +tax
- Unlimited Monthly (kids) \$55.00 +tax
- Yearly \$715.00 annual fee +tax
- Drop In \$10.00



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Credit Card Information Card Type: MasterCard VISA Discover AMEX Other

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____ Cardholder ZIP Code (from credit card billing address): _____ CVC _____

I, _____, authorize **Texas Box N Burn, LLC**. to charge my credit card above for recurring payments for my monthly membership. I understand that my information will be saved to file for transactions on my account.

Customer Signature: _____ Date: _____