



PAYMENT FORM

NAME: _____

DATE: _____

COMMITMENT:

1-MONTH	2-MONTH	OTHER:
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SESSIONS/WEEK:

1	2	3	4
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WEEKLY SESSIONS X 4 X MONTH COMMITMENT

_____	X 4 X	_____	=	_____
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SIGNATURE: _____ DATE: _____

BY SIGNING THE LINE ABOVE, YOU AGREE TO PAY THE AMOUNT WRITTEN IN THE BOLDDED BOX ON THIS FORM WITHIN 24 HOURS FORM SUBMISSION.