

Early Bird Discount Application

Class you are attending: _____

Class Date(s): _____

Personal Contact Information

Your Legal Name: _____

[Note: Your legal name; as it will be printed on your certificate]

Mailing/Shipping Address

Street Address: _____

City: _____

State, Province or Region: _____

Country: _____

Zip or Postal Code: _____

Billing Address

Street Address: _____

City: _____

State, Province or Region: _____

Country: _____

Zip or Postal Code: _____

Primary Phone: _____

Secondary Phone: _____

Email address: _____

Occupation: _____

Comments:

Please mail completed: Early Bird Discount Application, Enrollment/Registration form, along with payment and two (2) business cards to:

Peter Fuller

c/o Complete Health Fitness

P.O. BOX 2156

Citrus Heights, CA 95611-2156

NOTE:

Application Form (including payment in full) must be received by the timelines detailed below.

1. Early Registration Discount closes **60 days** prior to class start date.
2. Standard Registration closes **45 days** prior to class start date.
3. Late Registration closes **30 days** prior to class start date.
4. Registration, **less than 30 days** in advance of class start date **may be considered** on a case-by-case basis, at an increased price.