



CALGARY PILATES

2010 SUMMER GROUP CLASS REGISTRATION

NAME:

phone: (Home) (cell) (Work)

email:@.....

REGISTRATION & FEE:

Please indicate which classes you are registering for:

| | | | For Staff Use |
|-----------------------|--------------------|---------------|---------------|
| CLASS TYPE | CLASS NAME (Level) | DATE AND TIME | FEES |
| 1 | Mat / Equipment | @ | \$ |
| 2 | Mat / Equipment | @ | \$ |
| 3 | Mat / Equipment | @ | \$ |
| Discount (if applies) | | | - \$ |
| Sub Total | | | \$ |
| GST | | | \$ |
| Total Owing | | | \$ |

Fees (GST not included):
Mat based classes \$160, Apparatus based classes \$270. (10 week Session)

PAYMENT METHOD

Terms & Conditions:
Payment is due at the time of registration.

Payment Method: Visa MasterCard Cheque - Payable to Calgary Pilates. Cash

| | | | |
|--------------|--|--------|--|
| Card # | | Expiry | |
| Name on Card | | | |

Signature Date
By signing the application, I agree to the above terms, conditions, and fees.

| For Staff Use | | | Payment Method | Date Payment Processed | CC/Debit Receipt # |
|---------------|-----------|----|--|------------------------|--------------------|
| | Amount | | | | |
| | Payment 1 | \$ | VISA / MC / Debit / Cash / Cheque (#) | | |