

# TRAINING FOUNDATION STRENGTH & CONDITIONING PROGRAM

## REGISTRATION FORM

Name of Athlete Registering: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

If registering with our Referral Program please provide the name of athlete you are referring that will also be registering:

Athlete referring: \_\_\_\_\_

Referral Program payments will not be processed until both registrations have been submitted.

## PAYMENT OPTIONS - CREDIT CARD OR ETRANSFER

Etransfer [ajfystro@gmail.com](mailto:ajfystro@gmail.com) or provide credit card information below

Name on credit card: \_\_\_\_\_

Card type: \_\_\_\_\_ Expiry: \_\_\_\_\_

Card number: \_\_\_\_\_ CVC#: \_\_\_\_\_

Registration Fee (plus tax): \_\_\_\_\_

**AFTER COMPLETING THE ABOVE REGISTRATION FORM PLEASE EMAIL THE FORM TO  
[AJFYSTRO@GMAIL.COM](mailto:AJFYSTRO@GMAIL.COM) TO RESERVE YOUR SPOT.**