TRENCH HEALTH & FITNESS - CIRCUIT & GYM PAYMENT FORM

Please tick which Circuit you attend							
6am Circ	Mixed Circ (pm)	Mixed Circ (am)	Building Bones				

NAME:						
EMAIL:						
CONTACT #			START DATE:			
I to automatically DE			horise TRENCH HEAL redit card provided.	TH AND FITNESS		
		, , , , , , , , , , , , , , , , ,	· · · ·			
A Maximum of 1 s Automatically deduc	\$40/fortnight ression per week ted from nominated credit card		B \$60/fortnight Maximum 2 classes/week plus use of Gym Automatically deducted from nominated credit card			
Automatically deduc	\$70/fortnight classes/week plus use of Gym ted from nominated credit card 30 minute appraisal	by text 0 Mi	Fortnightly deductions can be suspended in advance by text 0400 456 341 or sandy@trenchhealth.com.au Must be a minimum of two (2) weeks one week suspensions will not be applied			
		, ,				
Unlimited Circui 1 × 30 minute	\$105 for initial month OR NEW CIRCUIT MEMBERS. ts during the Initial Month assessment valued at \$60 or NEW CLIENTS only		\$28.50/fortnight GYM MEMBERSHIP MON & WED 6AM-8PM, TUES & THU 6AM-6PM FRI 6AM-2PM, SAT 8AM-12PM DOES NOT INCLUDE CIRCUIT CLASSES			
Fortnightly & monthly rates above do not include card holders bank charge of upto 1.4% (depending on bank)						
ENQUIRIES ABO	OUT WHICH CLASS IS RIGH PLEASE CONTACT PE	-		CES WE PROVIDE,		
NAME ON CARD:				EXPIRY DATE:		
CARD NUMBER:				/		
SIGNATURE:				CVC/CVV#		

PLEASE COMPLETE & RETURN or EMAIL: sandy@trenchhealth.com.au