

## Please complete and send/scan to <a href="mailto:admin@trenchhealth.com.au">admin@trenchhealth.com.au</a>

NAME			
CONTACT #			
EMAIL			
EMERGENCY CONTACT #			
CARD (debi	t or credit)		
I	authorise <mark>Trench Health o</mark>	and Fitness	
to deduct (tick box	below) from my card in payment for this 4 week program.		
3 Road S	essions per week \$185 - per month (includes free gym)		
2 Road s	2 Road session per week \$125 - per month		
Personal	Training to work on cycling specific strength additional \$60 per w	veek	
☐ Wattbik	e additional \$45 per week (improve pedalling efficiency and power	·)	
NB. Weekly PT session	on gives you additional access to the gym throughout the week		
☐ Mastercard	d	<i>(</i> )	
NAME ON CARD:			
CARD NUMBER:			
EXPIRY DATE:	CCV:		
SIGNATURE:	DATE:		
Any issues please c	all our office on 9382 2663		
OFFICE USE ONLY			