MEMBERSHIP FORM

— TURBOFITNESS STUDIO

REGISTRATION FORM

		Date:											
Membership Type	e:					D	D I	М	М	Υ	Υ	Υ	Υ
Applicants No :													
PERSONAL INFORMATION													
Full Name	:												
Mobile Number	·:				Date C	of Birth	:	D	D	M	M	Υ	Υ
Full Address	:												
Status	:	Single	Married	D	ivorce	Oth	ners						
E-Mail	:												
Weight Loss / W	er :	r : Male Female											
Height	:		Weight	:		St	atus		:				
Any Disabilities	; / Allerg	gies :	Yes	No	Emergeno	y Cont:							
If 'Yes', Please Specify													
Where Did You Hear About Us? :													
I acknowledge that I have read and fully agree to the Terms & Conditions provided by TurboFitness Studio. I understand and accept the potential consequences should I fail to comply with these terms.													
More Information : No: 88/1, Mahahunupitiya, Negombo													
+94-76-699-3040							c	Signature Of the Applicant					