



Oakland Health & Fitness Challenge

The Challenge

Registration Form

Name: _____

Address: _____

City: _____ State : _____ Zip: _____

Home phone : _____ Cell/work: _____

Emergency Contact number: _____ Email: _____

How did you hear about us ? _____

Please note any injuries/limitation or concerns: _____

Special Registration Fee of **\$555.00** The Challenge or Express **\$350.00**

Non- Refundable

(Non- Refundable Deposit- \$100.00 to hold time spot for program, balance in full due at open house).

****** NON Refundable Contest Registration fee******

Paid-Cash _____	Check # _____	MC _____	Three digest back of card _____
Visa _____	Three digits back of card _____		
Expiration Date on Card _____		Drivers License # _____	

You Must pick one group for your entire program

Mon-Wed- Fri-6:00 to 7:30 am GROUP 1 _____

Mon-Wed-Fri- 7:30 to 9:00 am GROUP 2 _____

Mon-Wed-Fri- 9:00 to 10:30am GROUP 3 _____

Mon-Wed-Fri- 1:30 to 3:00 pm GROUP 4 _____

Mon -Wed-Fri- 5:30 to 7:00 pm GROUP 5 _____

Mon -Wed-Fri-7:00 to 8:30 pm GROUP 6 _____

5 MANDATORY SATURDAY'S 10:30 to 11:30 Mandatory class time and measurements
Challenge Only

Signature: _____ Date: _____

Parent/(Guardian under 18) _____