

CROSSFIT, INC. SEMINAR CHECK PAYMENT FORM

Please fill out all information completely so that we can properly credit you for your desired seminar and reserve your spot. **NOTE: Payment in full must be received by no later than 3 weeks prior to your seminar date or we will release your reservation.**

Name: _____
Address: _____

Phone: _____ email: _____
Check Number: _____ Check Amount: \$ _____

Seminar Information: (check applicable type and fill in the date and location of your seminar)

CrossFit Level 1: _____ CrossFit Level2: _____
Date, Location of Seminar Date, Location of Seminar

Barbell Level 1: _____ Barbell L2: _____
Date, Location of Seminar Date, Location of Seminar

Gymnastics L1: _____ Gymnastics L2: _____
Date, Location of Seminar Date, Location of Seminar

CrossFit Kids: _____ Nutrition _____
Date, Location of Seminar Date, Location of Seminar

Kettlebell L1: _____ Kettlebell L2: _____
Date, Location of Seminar Date, Location of Seminar

Olympic Level 1: _____ Olympic L2: _____
Date, Location of Seminar Date, Location of Seminar

Rowing: _____ Running: _____
Date, Location of Seminar Date, Location of Seminar

SEND YOUR CHECK, WITH THIS FORM, TO ONE OF THE FOLLOWING:

BY MAIL

CrossFit, Inc.
P.O. Box 29869
Phoenix, AZ 85038-9869

BY COURIER

Wells Fargo Lockbox Services
CrossFit, Inc. Box 29869
5029 E. Sunrise Dr. Ste. 101
Phoenix, AZ 85044