



CROSSFIT, INC. CHECK PAYMENT FORM

Please fill out all information completely. If this is for a seminar, please indicate which type, date, and location, 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.**

Payment Information:

Name: _____

Address: _____

Phone: _____ email: _____

Check Number: _____ Check Amount: \$ _____

Purpose of Payment: _____

If for a seminar, include type, date, and location: _____

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 - S4001 - 01A
Ref: CrossFit, Inc Box 29869
1305 W 23rd St
Tempe, AZ 85282