



NEXT LEVEL PERFORMANCE

by H.I.T. Athletic Academy

DATE: _____

HIT REP: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

BILLING ADDRESS

STREET: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

HOME ADDRESS

SAME AS BILLING ADDRESS

STREET: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PAYMENT TYPE

CASH: _____

CHECK: _____ # _____

CREDIT CARD

CREDIT CARD INFO

MASTERCARD

VISA

AMERICAN EXPRESS

DISCOVERY

CARD NUMBER: _____ AMOUNT: _____

(\$50.00 ANNUAL MEMBERSHIP INCLUDED Y/N)

EXPIRATION DATE: _____ SECURITY CODE: _____

SIGNATURE: _____

2 DAY 3 DAY INDIVIDUAL FAMILY BOOT CAMP ADULT MINOR