

TRAINER NAME & NUMBER: _____ PAGE _____ OF _____

STALL NUMBERS MUST BE IN WHOLE AMOUNTS. DO NOT SPLIT STALLS INTO PORTIONS. USE ADDITIONAL SHEETS IF NEEDED.

# OF STALLS:	NAME: _____ PHONE: _____ <input type="checkbox"/> CHECK NUMBER _____ AMOUNT: _____ <input type="checkbox"/> CARD NUMBER: _____ EXP: ____/____ CVV2# _____ NAME ON CARD: _____ COMPLETE BILLING ADDRESS WITH ZIP CODE: _____ 4% WILL BE ADDED TO ALL CARD TRANSACTIONS
# OF STALLS:	NAME: _____ PHONE: _____ <input type="checkbox"/> CHECK NUMBER _____ AMOUNT: _____ <input type="checkbox"/> CARD NUMBER: _____ EXP: ____/____ CVV2# _____ NAME ON CARD: _____ COMPLETE BILLING ADDRESS WITH ZIP CODE: _____ 4% WILL BE ADDED TO ALL CARD TRANSACTIONS
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I am the trainer or a party authorized to provide payment information on clients' behalf. All information is true to the best of my knowledge. I acknowledge that partially completed payment information will delay my reservation until all payment has been received.

Signature: _____ Date _____