



STRENGTH AND CONDITIONING CAMP 2008

Registration Form

Name: _____ Age: _____ Grade: _____

Sport(s): _____

Address: _____

Phone: day _____ evening _____

E-mail: _____

School/Affiliation: _____

Choose your session – Attend 4 or more sessions and receive 10% discount.

Session I – July 7th, 9th, 11th

Session II – July 14th, 16th, 18th

Session III – July 21st, 23rd, 25th

Session IV – July 28th, 30th, August 1st

Session V – August 4th, 6th, 8th

Session VI – August 11th, 13th, 15th

T-shirt size (circle) S M L XL

Return Registration Form and payment to Linda Freeman, Director of Personal Training,
First in Fitness, 652 Granger Road, Barre, VT 05641. Method of payment:

check made payable to First in Fitness

credit card: MC or VISA # _____

Expiration date: _____ Signature: _____

Waiver and ParQ will be mailed upon receipt of Registration Form and payment. Both must be completed and returned prior to participation in the Strength and Conditioning Camp.
