

mavericks★

BASIC MMA

Fitness Service Agreement

Personal Information

Last Name: _____	First Name: _____
Address: _____	
City: _____	Zip: _____ Phone: _____
E-Mail: _____	Membership ID: _____

Accounting Payment Schedule

Electronic Funds Transfer (E.F.T.) – Mavericks or its designated agent is hereby authorized to electronically deduct monies due and owing under this agreement from my acct. or Credit Card as indicated.

Minimum Number of payments: 3 (90 days) @ \$99 per payment, beginning on _____ and continuing until the member sends a 30 day written notice request via mail to the address listed below, once the minimum term is fulfilled. All payments are due in advance.

I authorize the bank account payment or credit card as indicated:

C.C. – Visa MC Discover AMEX C.C. # _____ Exp. _____ CV _____

By signing below, I agree to the above EFT authorization. **Date:** _____ **Staff:** _____

Members Printed Name: _____

Members Signature: _____

- Instructed by Cory Dennis
- \$99/month allows you to attend as many classes as you would like.
- Class times are as follows: Mon/Wed/Thu 7:30 – 9:00 pm
Fridays 6:00 – 7:30 pm
Saturdays 10:00 – 11:30 am

Members Printed Name: _____ Members Signature: _____



543 W. Los Angeles Ave., Moorpark, CA 93021

