

TRENCH HEALTH & FITNESS - CIRCUIT PAYMENT FORM

Please tick which Circuit you attend

6am Circ		Mixed Circ (pm)		Mixed Circ (am)		Building Bones	
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NAME:	
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EMAIL:	
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CONTACT #		START DATE:	
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I _____ authorise TRENCH HEALTH AND FITNESS to automatically DEDUCT \$ _____ from my credit card provided.

A		\$30/fortnight
Maximum of 1 session per week Automatically deducted from nominated credit card		

B		\$48/fortnight
Maximum of 2 sessions per week Automatically deducted from nominated credit card		

C		\$56/fortnight
Unlimited Circuit classes/week plus use of Gym Automatically deducted from nominated credit card Includes 30 minute appraisal		

Fortnightly deductions can be suspended in advance by text 0400 456 341 or sandy@trenchhealth.com.au

Must be a minimum of two (2) weeks one week suspensions will not be applied

Private Health Invoice/Receipt	
Max 2 Invoice/receipts provided per annum.	

Yes/No?		Insurer:	
Rebate entitled to p.a?:	\$		

Please note: Pay in Arrears Members (below) incur a \$15 admin fee for Private Health Invoice/Receipt

		\$20/session paid in arrears
PAY IN ARREARS PER MONTH		
All sessions attended for the month will be added up and automatically charged to your credit card at a rate of \$20 per session		

		\$95 for initial month
1 MONTH TRIAL FOR NEW MEMBERS.		
Unlimited Circuits during the Initial Month 1 x 30 minute assessment valued at \$60 Available for NEW CLIENTS only		

NAME ON CARD:		EXPIRY DATE: - - / - -
CARD NUMBER:		
SIGNATURE:		

PLEASE COMPLETE & RETURN or EMAIL: sandy@trenchhealth.com.au