

**TRENCH HEALTH AND FITNESS CIRCUIT  
PAYMENT FORM**

Please tick which Circuit you attend							
6am Circ		Mixed Circ (pm)		Mixed Circ (am)		Building Bones	

NAME:			
EMAIL:			
CONTACT #:			START DATE:

<b>A</b>		\$30/fortnight	<b>B</b>		\$48/fortnight
<b>Maximum of 1 session per week</b> Automatically deducted from nominated credit card.			<b>Maximum of 2 sessions per week</b> Automatically deducted from nominated credit card.		

<b>C</b>		\$56/fortnight	Fortnightly deductions can be suspended in advance by text (0400 456 341) or e-mail <a href="mailto:sandy@trenchhealth.com.au">sandy@trenchhealth.com.au</a> . <b>Must be a minimum of two weeks. One week suspension will not be applied.</b>		
<b>Unlimited Circuit classes/week plus use of Gym</b> Automatically deducted from nominated credit card. This includes 30 minute appraisal.					

<b>Private Health Invoice/Receipt</b> Max 2 Invoice/receipts provided per annum.	Yes/No?		Insurer:	
	Rebate entitled to PA:		\$	
Please note: Pay in Arrears Members (below) incur a \$15 admin fee for Private Health Invoice/Receipt				

		\$20/session paid in arrears
<b>PAY IN ARREARS PER MONTH</b>		
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
<b>1 MONTH TRIAL FOR NEW MEMBERS</b>		
Unlimited Circuits during the Initial Month. 1 x 30 minute assessment valued at \$60. Available for NEW CLIENTS only.		

**PLEASE COMPLETE & RETURN or e-mail to [sandy@trenchhealth.com.au](mailto:sandy@trenchhealth.com.au)**

I, \_\_\_\_\_ (name on card) authorize **Trench Health and Fitness to deduct** from the below authorized Credit Card, the amount of \$ \_\_\_\_ .

Name on Card: \_\_\_\_\_ M/Card

Card Number: \_\_\_\_\_ Visa

Expiry Date: \_\_\_\_\_ Signature:

T: 08 9382 2663  
 F: 08 6380 2825  
 E: [sandy@trenchhealth.com.au](mailto:sandy@trenchhealth.com.au) - Account Queries  
 E: [peter@trenchhealth.com.au](mailto:peter@trenchhealth.com.au) - All other enquiries