

Extreme Weight-loss & Health Workshop

Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Other _____

Email _____ Workshop Date _____

Payment Type

___ Cash _____

___ Check _____

___ Credit _____ Card # _____

Exp. Date _____ Security code _____

Signature X _____

Agreement & Waiver

I agree to the prepayment of 80.00 for 4 weeks of classes. With my registration I will receive a 75 page handbook. I hereby unconditionally waive all claims, actual or contingent of any nature whatsoever. I understand and take full responsibility for the information shared with Divas Weight-Loss & Health, Plus and Alicia K. Fieldings. I also understand there are no refunds.

Signature X _____

You may email or fax form, Payments may be dropped off at

Fit For Life Personal Training Studio
9006 Liberty Rd., Randallstown MD 21133
Call Studio for hours Phone 410 922 2858
Alicia Fieldings
Home/Office 410 496 8455
Cell 202 294 5846
or Fax to: 303 496 8454