



STRENGTH AND CONDITIONING CAMP 2010

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 12th, 14th, 16th

Session II – July 19th, 21st, 23rd

Session III – July 26th, 28th, 30th

Session IV – August 2nd, 4th, 6th

Session V – August 9th, 11th, 13th

Return Registration Form and payment to Chris Pickel, Camp Director, Certified Personal Trainer

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.