



SURNAME.....

FORENAME.....

ADDRESS.....

.....POSTCODE.....

DATE OF BIRTH

MALE/FEMALE.....

CONTACT NUMBER

EMAIL.....

EMERGENCY CONTACT NAME/NUMBER.....

QUALIFICATIONS:.....

.....

MEDICAL

CONDITION/INJURIES

.....

.....

WORKSHOP PAYMENT MADE:

YES/NO.....

TERMS and CONDITIONS Submitted: YES/NO.....

DATE.....SIGNATURE

Please email the completed forms to info@fit2fite.com or post to FIT2FITE LTD, 121 Dereham Road, BARKING, IG11 9EY

**Minimum Qualification required: Level 2 Fitness Instructor or equivalent or accredited Martial Arts Instructor plus Insurance
Any queries call: 07957 650634**

Please make Payment via PAYPAL (See website) or BACS (See below):

FIT2FITE Ltd

HSBC

Sort Code: 40-25-27

Account: 52280981