

BODY-TORQUE PILATES

REGISTRATION FORM

NAME	
DATE OF BIRTH	
HOME ADDRESS	
HOME TELEPHONE NUMBER	
MOBILE NUMBER	
E-MAIL	
Please tick this box if you don't wish to receive emails from us about special offers and changes to our schedule. We promise never to share your personal contact details with anyone!	
CONTACT NAME AND NUMBER TO BE USED IN AN EMERGENCY ONLY (NEXT OF KIN)	Name Relationship Number
PAR-Q COMPLETED & RETURNED (please circle)	YES NO
BOOKINGS: Are made online through our website	PAYMENT METHODS: Please circle your preferred option: Cash / Cheque / Bank Transfer Online credit/debit card
PLEASE NOTE BY SIGNING THIS FORM YOU ARE CONFIRMING THAT YOU HAVE RECEIVED AND READ A COPY OF OUR TERMS AND CONDITIONS AND AGREE TO BE BOUND BY THEM INCLUDING THE DISCLAIMER	
DATE	SIGNED

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