



Applied Performance Sports Massage Registration Form

Class: _____ **Date/Time:** _____

Location: _____

Participant: *Name: _____

***Address:** _____

***City:** _____ ***State:** _____ ***Zip:** _____

***Cell No.:** _____ ***E-mail:** _____

***How did you hear about us?** _____

***Paying via (circle one):** Cash / Check / Money Order / Credit Card

Circle One: Visa MasterCard

Credit Card #: _____ *Exp Date:* ___ / ___ *3-digit code:* _____

Terms:

- Full terms and conditions are on the following page. Your signature below and/or receipt of tuition paid imply consent to these terms.
- You may send this form, along with your payment, to:

**The Center 4 Muscle Recovery
PO Box 55145
St Petersburg FL 33732**

Signature for Payment and Agreement To Terms Of Registration:

Signature of Participant: _____ Date: _____

Participant Printed Name: _____