


ZUMBA
 FITNESS

Group Registration Form

Turn this form into your facility's main contact person the date designated by him/her.

Course name:		City/State:	
Trainer:		Date:	
Group name:			

Type or PRINT CLEARLY.

First Name:		Last Name:	
Street Address:			
City, State, Zip:			
Email:	<i>Print clearly – your email receipt will be sent to this address</i>		
Phone:			

Amount: \$195 Group Rate Payment Method: Place an X in the box to indicate payment method.

<input type="checkbox"/>	Money Order/Cashier's Check to Zumba Fitness, LLC (no personal checks)
<input type="checkbox"/>	Credit Card: Visa
<input type="checkbox"/>	Credit Card: Mastercard
<input type="checkbox"/>	Credit Card: American Express

Card number #:	
Expiration date:	
Security Code on back:	

If credit card name or billing address is different from above, indicate billing name and address on back.

Have you ever taken a Zumba Workshop in the past? (any format) Check one answer:

<input type="checkbox"/>	Yes, I have taken a workshop in the past 12 months.
<input type="checkbox"/>	Yes, but it was over 12 months ago.
<input type="checkbox"/>	No. This is my first Zumba workshop.

Cancellation policy: If you are unable to attend this workshop, you can transfer your fees to another workshop. There is a \$15 transfer fee each time you transfer. Transfers are good for up to one year of the original workshop date. If you cancel 3 weeks prior to the workshop, you may receive a full refund. If you cancel within 3 weeks of the workshop date, you can, upon request, receive a refund minus a \$50 processing fee.

I have read the cancellation policy. I am 18 years or older.

Signature: _____