

**TORTURE PRELUDE CLINIC 2011**  
**CLINIC APPLICATION AND RECEIPT**

*Clinic Fee \$319.00*

Name: _____		Date: _____
Contact: _____		
Cell	Work	E-mail Address
Medical Release Required?: <input type="checkbox"/>	Liability Release Signed?: <input type="checkbox"/>	Age: _____
Type of <u>Cleats</u> you use: _____ (LOOK OR SPD REQUIRED)		Info Given?: _____
Payment Form: Cash \$ _____ Check # _____ MC or Visa (\$14.00 discount available for cash or check) (No Debit)		<b><u>AMOUNT PAID</u></b> \$ _____
<u>CLASS TIME</u> : 5:20 P.M. <input type="checkbox"/> or 7:05 P.M. <input type="checkbox"/>		BALANCE DUE: \$ _____
<u>TESTING DATE(s) &amp; TIME(s)</u> :	Wed. Oct. 5 <sup>th</sup> _____	Test Time: 4:30, 5:15, 6:00, 6:45
	Thur. Oct 6 <sup>th</sup> _____	Test Time: 5:00, 5:45, 6:30, 7:15
	Fri. Oct. 7 <sup>th</sup> _____	Test Time: 4:30, 5:15

<b>TORTURE PRELUDE CLINIC 2011</b> <b>RECEIPT AND TESTING TIME</b>		
Participant's Name: _____		
Payment Form: Cash \$ _____ Check # _____ MC or Visa (\$14.00 discount for cash or check) (No Debit)		<b><u>AMOUNT PAID</u></b> \$ _____
<u>CLASS TIME</u> : 5:20 P.M. <input type="checkbox"/> or 7:05 P.M. <input type="checkbox"/>		Deposit Taken: \$ _____
CLEATS REQUIRED: Look Delta/KEO or Shimano SL/SPD		Balance Due: \$ _____
<u>TESTING DATE(s) &amp; TIME(s)</u> :	Wed. Oct. 5 <sup>th</sup> _____	Test Time: 4:30, 5:15, 6:00, 6:45
<b>NOTE: Unscheduled Testings</b>	Thur. Oct. 6 <sup>th</sup> _____	Test Time: 5:00, 5:45, 6:30, 7:15
<b>Are Subject to a \$20.00 Fee.</b>	Fri. Oct. 7 <sup>th</sup> _____	Test Time: 4:30, 5:15
<b>ORIENTATION: Tuesday, October 4<sup>th</sup>, 2011 - 6:00 P.M</b> <b>NO WORKOUT 1<sup>st</sup> NIGHT Street clothes are fine. Snacks provided.</b>		
<b><u>SPECIAL NOTE</u>: ALL FEES ARE NON-REFUNDABLE <u>AFTER</u> October 4th, 2011</b>		