

TORTURE PRELUDE CLINIC 2009
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 Amex)		<u>AMOUNT PAID</u> \$ _____
<u>CLASS TIME</u> : 5:25 P.M. <input type="checkbox"/> or 7:05 P.M. <input type="checkbox"/>		BALANCE DUE: \$ _____
<u>TESTING DATE(s) & TIME(s)</u> :	Wed. Oct. 7 th _____	Test Time: 4:30, 5:15, 6:00
	Thur. Oct 8 th _____	Test Time: 5:00, 5:45, 6:30, 7:15
	Fri. Oct. 9 th _____	Test Time: 4:30, 5:15

TORTURE PRELUDE CLINIC 2009 RECEIPT AND TESTING TIME		
Participant's Name: _____		
Payment Form: Cash \$ _____ Check # _____ MC or Visa (\$14.00 discount for cash or check) (No AMEX)		<u>AMOUNT PAID</u> \$ _____
<u>CLASS TIME</u> : 5:25 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) & TIME(s)</u> :	Wed. Oct. 7 th _____	Test Time: 4:30, 5:15, 6:00
NOTE: Unscheduled Testings	Thur. Oct. 8 th _____	Test Time: 5:00, 5:45, 6:30, 7:15
Are Subject to a \$20.00 Fee.	Fri. Oct. 9 th _____	Test Time: 4:30, 5:15
ORIENTATION: Tuesday, October 6th, 2009 - 6:00 P.M NO WORKOUT 1st NIGHT Street clothes are fine. Snacks provided.		
<u>SPECIAL NOTE</u>: ALL FEES ARE NON-REFUNDABLE <u>AFTER</u> October 6th, 2009		