



Pilates Training with Chris Robinson

Registration Form

Name: _____

Address: _____

City/State/Zip: _____

Phone #: (_____) _____ - _____

Email: _____

Please check one of the following:

- Sunday March 13th, 2011 (9am-Noon) Cost: \$115
- Sunday March 13th, 2011 (1pm 4pm) Cost: \$115
- Both Workshops Cost \$200

Payment amount: \$_____ Payment type: (check one) Check Credit Card Cash

I have enclosed check # _____ Charge my: Visa Master Card American Express

Card Number: # _____

Expiration Date: ____/____

Please include the 3 Digit Code (found on the back of the credit card): _____

Print Name

Signature

Make Checks Payable to: For Better Health

Mail to: Donna Fisher
5106 Meadowcreek Dr.
Dallas, Tx. 75248