

CHAMP'S @ Klood BOXING

Discover Your GREATNESS

NAME			
GENDER	MALE	FEMALE	(X)
AGE			
CONTACT NUMBER			
E-MAIL			

Indicate which days and time slot would suit you For Group Sessions (2 sessions per week)

	DAY	TIME
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		

Indicate which days and time slot you would want to train on your own

	DAY	TIME
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		

Indicate whether you would require Personal 1 on 1 training (Additional Costs)

	DAY	TIME
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		

Indicate in short what your Primary and Secondary expectations are and what you expect to achieve from your training:

Primary: _____

Secondary: _____

Current Fitness Level:	Bad	Below Average	Average	Above Average	Good	Excellent
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Any Health Issues that we should be aware of:	
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