



Contact Mark "Coach Rozy" Roozen at 817-219-2811 or email him at rozyroozen@gmail.com

2018 FALL FINISHER OFF-SEASON REGISTRATION FORM

Name _____

Address _____

City State Zip Code

Phone # _____ Email _____

Emergency Contact _____

Emergency Contact Phone # _____

Emergency Contact Email _____

Grade 5th ___ 6th ___ 7th ___ 8th ___ 9th ___ 10th ___ 11th ___ 12th ___

T-Shirt Size S ___ M ___ L ___ XL ___ XXL ___ XXXL ___

I GIVE PERMISSION TO "COACH ROZY" TO SEND AND BE INCLUDED IN HIS DAILY MOTIVATIONAL REMINDERS, HIS NEWSLETTERS AND WEEKLY UPDATES BY EMAIL WITH THE UNDERSTANDING THAT MY INFORMATION WILL NOT BE GIVEN OUT TO ANY OTHER PARTIES. YES ___ NO ___

FALL FINISHER SESSION RUNS NOW UNTIL WEEK OF NOV. 12-16, 2018

2x wk program ___ \$17 a wk 3x wk program ___ \$20 a wk 4x wk program ___ \$23 a wk
of days per week fee = \$ ___ x Number of weeks (up to Nov.16) ___ =
TOTAL = \$ _____

(please complete Page 2)

