Custom Programming Application

Client Information					
First Name:		Last Name:			
Date of Birth:		Cell Phone:			
Email (REQUIRED):					
Street Address:					
City:	State:		Zip:		
Emergency Contact:			Emergency Phone:		

Program Information				
Coach:	Program Type:			
	□ Nutrition Coaching			
Start:	Personal Training			
Monthly Rate:	□ Nutrition Challenge			

Payment Method – Required; No cash or check payments for your protection and ease of billing.			
🗆 Autobill - Credit Card			
Card Number:			
Expiration: /			
CVV Number:			
Full Billing address: 🔲 Same as above			
□ Other:			
Autobill – Checking Account			
Bank Name:			
Routing Number:			
Account Number:			
Full Billing address: 🔲 Same as above			
□ Other:			
□ Add me to my Family Account – Primary member's name:			

I hereby declare that the above information is to the best of my knowledge true, correct and complete. I hereby give Ultimate Health and Performance permission to charge my account on file for any and all charges related to membership, personal training, or retail sales.

Signature	Name (printed)	Date