

Registration Form

Please complete this Registration form and fax it back to 011-707-2933

Institute of Fitness Professionals

PERSONAL DETAILS

Name(s):																								
Surname:																								
Physical Address:																			Code:					
Postal Address:																			Code:					

CONTACT DETAILS

Phone – Home:	()														
Phone – Work:	()														
Facsimile:	()														
Cellular:	()														
E-mail:																								

COURSE ELECTIVES

Please tick (✓) the courses / modules that you would like to register for.

	Exercise Science - This course is compulsory. Please contact our office for exemption information.	
	Personal Fitness Trainer	Aerobics Instructor
	Fitball Instructor	Step Instructor
	Pilates Mat	Life-Skills Body Conditioning
	Pilates Ball	Kick & Jab Instructor
	Pilates Reformer	Aqua Instructor
	Sports Conditioning	Spinning Instructor
	Exercise and Pregnancy	

METHOD OF PAYMENT

<input type="checkbox"/> Cash		<input type="checkbox"/> Cheque – Payable to Institute of Fitness Professionals	
<input type="checkbox"/> Electronic Transfer		<input type="checkbox"/> Direct Bank Deposit	
<input type="checkbox"/> Credit Card		<input type="checkbox"/> Exp Date	<input type="checkbox"/> CVC

PAYMENT DETAILS

<input type="checkbox"/> Payment in Full	<input type="checkbox"/> Deposit	<input type="checkbox"/> Payment Plan
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OUR BANKING DETAILS

Standard Bank, Branch: Fourways Crossing, Branch Code: 009953 Account #: 402094247

DISCLAIMER

Deposits and Course Fees are non-refundable. Deposits will secure your place on the course and are non-transferable. Course fees include course material, manual, lectures and examinations. Supplementary and re-examinations will incur extra costs. All course fees are due on the first day of course.

I hereby confirm that the above information is correct and agree to the disclaimer as stated above.

Signed
Date
Guardian (if under 21)

For Office Use			
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