

REGISTRATION FORM

Dear Frank,

Enclosed is \$ _____ in full payment for my private Zane Experience on the
dates of _____

Name : _____

Street : _____

City : _____ State : _____ Zip : _____

Phone : _____ Email : _____

Occupation : _____

Age : _____ Sex : _____ Height : _____ Weight : _____

Prior weight training _____ years.

My goals are _____

I want to participate in the Zane Experience because _____

Do you have any injuries or disabilities? _____

If yes, then attach note from a medical doctor permitting you to do our program.

I hold Frank Zane free from all liability and fully understand that I participate in activities
at Zane Experience at my own risk and that no refund is given.

Signed : _____ Date : _____