



CHI RHO SPORTS & FITNESS

Registration

Name: _____

Address: _____

City: _____

Zip: _____

Date of Birth: _____

Cell Phone: _____

E-mail: _____

Camp site: _____ (NLR, SWLR or Maumelle)

Emergency Contact: _____

Rate current Fitness Level (1 - 10): _____

Preferred Workout Time: _____ (AM or PM)

Referred By: _____

Form of Payment: _____ (check, cash, or paypal)