

REGISTRATION FORM

Name: _____

Group: _____

Age: _____ Male Female

Address: _____

City: _____ St _____ Zip _____

Email Address: _____ Phone _____

Arrival: Flying (will need to be picked up)
 Driving

Method of payment:

Purchase Order: Send via mail or fax

Credit Card: Number: _____ Exp Date _____

Check: Make payable to Motivated Performance

Phone Registration: Call toll-free 1-866-465-7073

List any special needs and/or accommodations below: