



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ JCC Membership Number: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Gift Recipient: \_\_\_\_\_



**5 one-hour sessions for ~~\$456~~ \$364.80 (save \$91.20!)**

\_\_\_\_\_ # for self \_\_\_\_\_ # as gift for member

**10 one-hour sessions for ~~\$893~~ \$714.40 (save \$178.60!)**

\_\_\_\_\_ # for self \_\_\_\_\_ # as gift for member

\_\_\_\_\_ **Total amount owed**

**How did you hear about this offer?**

Email  JCC Staff

Social Media \_\_\_\_\_

JCC Website  Other \_\_\_\_\_

Flyer/poster \_\_\_\_\_

Personal Trainer requested  
\_\_\_\_\_

I am a new client

Help me find a Trainer

I wish to use the following method of payment:

Check made payable to Kaplen JCC on the Palisades  VISA  MC  AMEX  Charge Card on File

CC Number: \_\_\_\_\_ Exp date : \_\_\_\_\_ CCV: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip : \_\_\_\_\_

I authorize the Kaplen JCC on the Palisades to charge the credit card indicated on this form. This is a one-time authorization that will be charged on or after 11.26.21 for the purchase of master personal training sessions for the total amount indicated above.