



**TRAINING  
CAMP**

Do Work. Release  
Your Inner Athlete.

# BAC Training Camp

Two Weeks. Do Work. Release Your Inner Athlete.

**Name:**

**Age:**

**Phone:**

**Month You Are Interested In:**

**Time You Are Interested In (Circle One):    6 AM        6 PM**

**List Any Days Unable to Attend:**

**Reasons for Wanting to Join?**

**Specific Fitness Goals?**

**How did you hear about it?**

**List any physical limitations, injuries, recent surgeries or existing health conditions (i.e. asthma, arthritis, low back pain, strained muscles, sprains or fractures).**

**Please list any prior sports experience (for planning purposes only)**

***Fax to: 356-8078 OR drop off at BAC front desk.***