

BOOTCAMP APPLICATION FORM



PERSONAL PROFILE

Please fill in this form and send it back to Admin with your proof of payment via whatsapp +264813343382 or email info@mekenificent.co
Please see account below.

Full name: _____
Contact: _____
Emergency Name & no: _____
D.O.B: _____
Gender: _____
Country/town: _____
Height: _____
Starting date: _____
Contract valid till: _____
Signing up with: (alone/ friends) _____
Full name: _____
Contact: _____
Where did you hear about us: _____
What do you know about us: _____

Can we use your pics n videos? (Y/N): _____
Rate your current fitness levels: (1-10)
(starting off 1-10 super fit) _____
Any injuries to note: _____
Any respiratory issues to note: _____
Recovered from COVID-19: _____

Date: _____ Signature: _____

SIGNING UP FOR:

Normal gym: _____
8 Weeks challenge (face to face): _____
8 Weeks challenge (online): _____

Bootcamp:
(3 months, 6 months, 12 months)

Personal client: _____

Corporate group: _____

Students and kids: _____

Body building: _____

Add on:
* Receive daily health meals.
* Monthly sports massage.

Use Pay 2 cell: 0814417900 **or**
The account is:
MEKENIFICENT WELLNESS CC
FNB Acc#: 62245822483
Branch: MARUA MALL
Branch code: 281174
Ref: your name or number

We recommend that you consult with your physician before beginning any exercise program. T+C apply.