

CrossFit Endurance Team REGISTRATION FORM

Please complete this form in its entirety and submit. All fields REQUIRED TODAY'S DATE:

TEAM INFORMATION

Team/Affiliate Box Name:	Affiliate/Box Location:	Team Name (Must be approved before use):
Team/Affiliated site: HTTP://		

TEAM STAFF INFORMATION

List at least **ONE** staff coach that has completed an Endurance Seminar.

Staff Coach's Name	Location of Seminar:	Date of Seminar completed
Team Shipping Street Address	City:	State: ZIP Code:
Main/Lead Contact's Name	Main/Lead Contact's Email:	Main/Lead Contact's Number:

TEAM GEAR/MERCHANDISE

TEAM PACKAGE: <input type="checkbox"/> Simple (195.00) <input type="checkbox"/> Active (295.00)	SHIRT SIZES Shirt #1: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL Shirt #2: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	HAT SIZES (Active package only) Hat #1: <input type="checkbox"/> S/M <input type="checkbox"/> L/XL Hat #2: <input type="checkbox"/> S/M <input type="checkbox"/> L/XL
Additional shirts: SHIRTS (\$25/ea) <input type="checkbox"/> S - Qty: _____ <input type="checkbox"/> M - Qty: _____ <input type="checkbox"/> L - Qty: _____ <input type="checkbox"/> XL - Qty: _____	Additional Hats: Hats (\$25/ea) <input type="checkbox"/> S/M - Qty: _____ <input type="checkbox"/> L/XL - Qty: _____	Other: _____ Qty: _____

WHY WOULD YOU LIKE TO CREATE YOUR OWN TEAM?

BILLING INFORMATION

Payee/Name on Card:			
Billing Street Address	City	State	ZIP Code
Credit Card Number			If purchased package ONLINE , enter your order number here:
Expiration	Security Code	Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Other _____ *We currently do not accept Discover	
Amount to charge card:		I am authorized to use the above credit card, and I agree to allow CROSSFIT ENDURANCE to process this transaction for the amount given <input type="checkbox"/> I AGREE Initials _____ Last four digits of SSN _____	

Once complete, submit your form to Kaitlin@crossfitendurance.com
 If you have any questions or comments, feel free to contact Kaitlin Lyons, or a CFE staff member at info@crossfitendurance.com