

PROGRAM REGISTRATION

Fall 2010 - North Andover Facility
Sep 8, 2010 - Nov 20, 2010

Program	Days	Cost	Time Slots <small>(visit bodybyboyle.com for current availability)</small>	Program Choice			
				1st	2nd	3rd	Sat
Two Day	M, W	\$449	3:00pm, 3:30pm, 4:00pm, 5:00pm, 6:00pm, 7:00pm				X
Two Day	Tu, Th	\$449	3:00pm, 3:30pm			X	X
Two Day	Th, Sat	\$449	Th: 3:00pm, 3:30pm; Sat: 8:00am, 9:00am, 10:00am				
Three Day	M, W, F	\$649	3:00pm, 3:30pm, 4:30pm, 5:00pm, 6:00pm				X
Three Day	Tu, Th, Sat	\$649	Tu, Th: 3:00pm, 3:30pm, 4:30pm, 5:00pm, 6:00pm Sat: 8:00am, 9:00am, 10:00am				
Elite HS Hockey 3 Day	M, W, F	\$649	4:00pm	4:00pm	X	X	X
Elite HS Hockey 3 Day	Tu, Th, Sat	\$649	Tu, Th: 4:00pm Sat: 9:00am	4:00pm	X	X	9:00am
Two Day 1 Hour Adult Only	M, W	\$350	6:15pm	6:15pm	X	X	X
Two Day 1 Hour Adult Only	Tu, Th	\$350	6:15pm	6:15pm	X	X	X
Three Day 1 Hour Adult Only	M, W, F	\$495	6:15pm	6:15pm	X	X	X

- **Sessions will be 1.5 to 2 hours long** (except for 1 hour Adult Only Sessions)
- **Maximum of 9 Athletes per group** (each time slot for each program is considered one group)
- **Family Discount** (2 or more) — Call 781-729-1333 for Group or Team Discount
- **North Andover Facility** is located at 65 Flagship Dr 3B, North Andover, MA 01845

Athlete's Name:		Date of Birth:		Sex:	
Parent's Name:		Sport(s):			
Address:					
City:		State:		Zip:	
Phone:		Phone2:		Email:	
Pay Method:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> Check <input type="checkbox"/> Cash				
Name on Card:		Card #:		Exp:	
■ A 50% deposit is required to reserve space in a group		Referred By:			

Signature of parent or guardian for athletes under the age of 18: _____