

Athlete Training Agreement

Client Name _____

Trainer Name(s) _____

Training Specificity _____ Rate _____

Signatures

I, the undersigned, agree to pay in advance, in full, at the agreed upon rate by the due date stated on each invoice. I understand that the sessions purchased are to be used within an 8 week period, beginning with the first session date. If sessions are not used within the 8 week time period, sessions are no longer valid. Rates are subject to change with proper notice depending of group numbers and requirements.

Please note: 24 hour notice must be given for any cancellation. You will be charged for any session cancelled with less than 24 hour notice.

Parent (if participant is under 18) Date

Participant signature (regardless of age) Date

Parent E-mail address and phone # (for professional purposes only)

Athlete E-mail address and phone # (for professional purposes only)

Other _____

Please make payments to **Pendola Enterprises**

please mail checks to office address:

4642 Canyon Ridge Lane

Reno, NV 89523

Please send all billing inquiries to epincolini@netscape.com

and all training inquiries to matt@pendolatraining.com