**JillFit Ambassadorship & Mastermind Registration Form - 2017**

Please complete this form and send it back via email to info@jillfit.com by November 21st, 2016.

Please initial below on the line to signify that you understand your commitment both financially and to yourself for 2017. Please have the self-awareness to know which option is the best fit for you, as there will be no refunds granted, no exceptions. Still have questions, shoot me an email info@jillfit.com.

**\_\_\_\_\_\_\_\_\_\_\_\_** I will be joining the JillFit Ambassadorship and paying in full (January 2nd) in the amount of $1500

**\_\_\_\_\_\_\_\_\_\_\_\_** I will be joining the JillFit Ambassadorship and paying in installments (first payment Jan 2nd) in the amount of $450 for 4 consecutive months

**\_\_\_\_\_\_\_\_\_\_\_\_** I will be joining the 12-month JillFit Mastermind and paying in full (December 4th) in the amount of $10,000

**\_\_\_\_\_\_\_\_\_\_\_\_** I will be joining the 12-month JillFit Mastermind and paying in installments (first payment Dec 4th) in the amount of $1000/mth for 12 months

I hereby request the privilege of paying Jill Coleman Fitness, DBA, under the company’s preauthorized payment plan and hereby request the company or its agent to draw items for the purpose of paying said payments on the account of:

**Name and address as it shows on credit card:**

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment method: \_\_\_\_\_\_\_ Visa \_\_\_\_\_\_ Mastercard \_\_\_\_\_\_ AMEX \_\_\_\_\_\_ DISCOVER

Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I understand that upon purchasing this membership, I am making a legal commitment to complete the 11 or 12-month program and the above chosen payments as stated in this contract.*

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign stating that you accept the charges for the program, and are knowingly investing in this education and service.

Welcome to the an amazing 2017!