**REAL GRIND HOOPS**

**CONTACT SHEET**

[O] 480-275-4431

[realgrindhoops@gmail.com](mailto:realgrindhoops@gmail.com)

**IMPORTANT MESSAGE – PLEASE READ!!!**

Please fill out this contact form and return via email. Please remit payment via credit card 24 hours prior to training session in order to get a time slot by the next day. Payment by check or money order will have to be received 3 days in advance to training in order to get slot. ***We are now offering monthly individual package deals, specified training clinics, and training camps that will be posted to the website with all future dates. Please call or email for more information.***

**First Name Middle Initial Last Name**

**  **

**Address 1 Address 2**

** **

**City State Zip**

**  **

**Email Phone**

** **

**Mobile Referred By Gender**

**  **

**HEALTH RESTRICTIONS**

**Does applicant have any mental/physical health problems we need to be aware of?**

***If yes, what are they?***

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**GUARDIANSHIP/EMERGENCY CONTACT INFORMATION**

**Is applicant under 18? **

**Parent/Legal Guardian/Emergency Contact**

**Name **

**Phone **

**Relationship **

***Credit Card Information***

***If you would like to keep a card on file, please call in with the information. Also, please advise if prepaying for any package deals.***