



8 DAY FREE PASS

****IDENTITY CARD REQUIRED – 18 years and older****

General Information

Name: _____ Last name: _____

Address: _____ Apt: _____

City: _____ Postal code: _____

Telephone: _____

Date of birth: _____ (JJ/MM/AA)

Sex : M _____ F _____

****Email :** _____

How did you hear about the MetGym?

Is this your first experience in a fitness center?

Yes _____ No _____

What are your current goals?

\$5.00 is required to obtain the access card to MetGym.

Client : _____

Date : ____ / ____ / ____
 day month year

Employee: _____

Barcode : _____