

Peak Fit Membership

For faculty

Name/ Surname _____

Vorname/ First Name _____

Straße/ Street _____

Land, PLZ, Wohnort/ City _____

Geburtsdatum/ Date of birth: _____

Telefon/ Mobil _____

E-mail _____

Name of the parent/ Guardian _____

Start: _____ . _____ . _____ Duration: 12 Months (including a free 3 month school break)

The Membership continues indefinitely and can be terminated with a 1 month notice after the first 12 month period

Einmalige Servicepauschale: 29,90 € (inklusive Eingangsticket, Anamnese und Trainingsplan)**Wöchentlicher Grundbeitrag:** 6,50 €

We offer two convenient payment options for you:

1. Pay in advance for the entire year (9 months). We will send you an invoice beforehand
2. Set up a monthly SEPA Direct Debit from a German bank account. Please fill in your bank details below.

SEPA-Lastschriftmandat (Bank details):

Name: _____

Street: _____

City: _____ / _____

Bank: _____

IBAN: _____ / _____ / _____ / _____ / _____

Hinweis nach §33 BDSG: Es wird darauf hingewiesen, dass das Studio Daten, welche sich aus den Vertragsunterlagen der Anmeldung ergeben, in erforderlichem Umfang speichert.

Location: _____

Date: _____ : _____

Member: _____

Peak Fit _____