

The EDGE Performance Training, LLC

13 Francis J. Clarke Circle • Bethel, CT 06801

203-207-9991 • Fax 203-207-9991

www.speedtrainingct.com

Pricing & Payment Agreement

Client Name: _____ Parent's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Individual Session Fees

- | | |
|--|-------------|
| <input type="checkbox"/> Initial Consultation Fee | \$ 75.00 |
| <input type="checkbox"/> Single Session Fee | \$ 90.00 |
| <input type="checkbox"/> ½ Hour Single Session Fee | \$ 40.00 |
| <input type="checkbox"/> Junior Single Session Fee | \$ 45.00 |
| <input type="checkbox"/> Bronze Package (3 sessions) | \$ 240.00 |
| <input type="checkbox"/> Silver Package (6 Sessions) | \$ 450.00 |
| <input type="checkbox"/> Gold Package (12 Sessions) | \$ 840.00 |
| <input type="checkbox"/> Platinum Package (18 Sessions) | \$ 1,350.00 |
| <input type="checkbox"/> Platinum Plus Package (20 Sessions) | \$ 1,350.00 |

Group Session Fees

- | | |
|--|-----------|
| <input type="checkbox"/> Small Group Session (5-10 participants) | \$ 150.00 |
| <input type="checkbox"/> Medium Group Session (11-20 participants) | \$ 250.00 |
| <input type="checkbox"/> Large Group Session (more than 21 participants) | \$ 350.00 |

I, the undersigned, agree that we have chosen the above marked package and understand that the entire balance is due at the time of package purchase, unless previously agreed upon. The trainers will inform us 2 sessions prior to the completion of our package to enable us to purchase a new package for which we will sign another pricing and payment agreement.

Client/Parent Signature (must be 18 years or older)

The EDGE Representative

For Office Use Only

Cash Check # _____ VISA/MC _____ exp _____ Amt Paid _____

As previously agreed upon, I allow The EDGE Performance Training to charge my credit card in the amount of \$ _____ after each session.

Signature: _____