

Clinic Application

Clinic Name/Title

Proposed Date & Time of Clinic

Clinic Length (Hours)

Max Enrollment (Student Count)

Enrollment Fee (\$)

Course Description

(For marketing and descriptive purposes. Sound byte information to tell of the value of your clinic. Why do people want to attend your clinic? Keep it short and to the point. Max 3 sentences.)

Instructor/Applicant Full Name

E-Mail Address

Physical Address

Phone Number

Website

Qualifications:

Terms:

Clinics are not guaranteed upon submission of this application. Administration will review and upon approval, will contact you for a finalization call or meeting. Clinic revenue is divided in an 80/20 percentage relationship between you and CrossFit RED. Total revenue, after incurred expenses, is divided 80% to you and 20% to CrossFit RED. This is non-negotiable. Upon approval, CrossFit RED will handle all client registration and fee processing. There may not be admittance, enrollment or permission of customers outside of CrossFit RED's registration process. Failure to abide will result in termination of clinic and ban from future dealings. Submission of this application confirms acceptance of the above terms.