



Boston Institute of Football

HORDON HEALTH LLC

44 North Bennet Street
Boston, MA

Invoice #: _____ (Leave Blank)

_____ (name)

Date of Invoice: ____ / ____ / 2011

_____ (address)

_____ (address)

Due Date: ____ / ____ / 2011

*****Pre-Pay for Period: Summer Session BIF June 20th – August 12th 2011**

Products & Services:

___ **BIF Renegade Sport Training** **\$ _____ .00**

GOLD (50 Sessions) \$1,320.00

SILVER (40 Sessions) \$1,184.00

BRONZE (30 Sessions) \$960.00

MAINTAIN (20 Sessions) \$704.00

| | | | | | |
|-----------|-------|------|-----|-----|---|
| Monday | 10PM | 11PM | 1PM | 2PM | (circle 1 st choice, underline 2 nd choice) |
| Wednesday | 10PM | 11PM | 1PM | 2PM | (circle 1 st choice, underline 2 nd choice) |
| Friday | 10PM | 11PM | 1PM | 2PM | (circle 1 st choice, underline 2 nd choice) |
| Saturday | 11 AM | 12AM | 1PM | | (circle 1 st choice, underline 2 nd choice) |
| Sunday | 10 AM | 11AM | | | |

Email YannKumin@HordonHealth.com for any questions about scheduling.

___ **diet rEVOLUTION:** ___ 5-Week (\$350) ___ 7-week (\$450) **\$ _____ .00**

___ **BIF Equipment:** ___ Theraband: \$5.00 per Band **\$ _____ .00**

___ Xvest \$299.00 ___ Medicine Ball: \$49.99

TOTAL DUE: **\$ _____ .00**

Balance: **\$ _____ .00**

Check Box **Applying for Scholarship** (You will be contacted immediately by a member of our team.)

BIF Grandfather Clause Discount (10%) for all original athletes (2010 Summer Session)

BIF Referral Discount (10%) for any

Acct #:

Please sign, fill out and send with payment.

Check

PayPal: visit www.hordonhealth.com under "Camps" for details.

I agree to pay the TOTAL amount of \$ _____ on or before the due date of this invoice.

Printed Name _____ Signature _____ Date _____

***Payment is Non-Refundable; all sales are final.**

*Please make checks payable to Hordon Health LLC *Mail Checks to Corporate Office: 13 Metcalf St. Medford, MA 02155