

LaBlast® Certification: Scholarship Deal Memo

Format Type:	
Name of Master Trainer:	
Date of Certification:	
Host Facility Name:	
Host Facility City/State:	
Scholarship Recipient Name:	
Email Address:	
Phone Number:	
	of certification) and includes one (1) month complimentary LIF access. er online at https://lablastfitness.com/become-an-instructor/
At checkout, use coupon code:	
• compafter5regular (if registering within 2	2 weeks of the certification)
compafter5early (if registering more than	n 2 weeks ahead of the certification)
Agreement Please sign and date below to confirm agreer	ment of above terms. Scan and return via email to info@lablastfitness.com.
Scholarship Recipient (Signature)	Date
Scholarship Recipient (Printed)	
Master Trainer (Signature)	Date
Master Trainer (Printed)	