

Navy Adult Performance Enhancement Clinic Application

Name _____

Street _____

City _____

State _____ Zip _____

Home Telephone _____

Email Address _____

Promotional Code (if applicable): _____

Session (please circle): 2/5 7/23

How did you hear about the Navy Mental Training Clinics?

- Internet Chesapeake Family Magazine navysports.com
 What's Up? Friend Other _____

METHOD OF PAYMENT

Amount Enclosed _____

Check # _____

Visa/Mastercard Account # _____

Expiration Date _____

Return completed application and registration fee to:

Navy Performance Enhancement Clinic
39 Fox Run Way
Arnold, MD 21012

Please make check payable to NAAA