

WELLNESS INSTITUTE EXERCISE PROGRAM REGISTRATION FORM

NAME _____
 ADDRESS _____
 CITY / STATE _____
 ZIP CODE _____
 PHONE (DAY) _____
 EMAIL ADDRESS _____

**Registration for Session 2
 Begins Mar. 15th, 2010**

Session 1: Jan 04 – Mar 27
Session 2: Mar 29 – Jun 19
Summer Break: Jun 20th – Jul 05th
 Session 3 Jul 06 – Sept 25
 Session 4: Sept 27 – Dec 18
Winter Break: Dec 20th – Jan 3rd

SESSION NUMBER: 1 2 3 4

Have You Completed the 2010 Health History/Liability Form?: Yes No

GROUP FITNESS

CLASSES	DAY	TIME	

AQUA AEROBICS

CLASSES	DAY	TIME	

Group Fitness Prices

1 class/wk \$98.00
 2 classes/wk \$124.00
 3 classes/wk \$155.00
 4 classes/wk \$183.00
 FLEX PASS \$220.00

Aqua Aerobics Prices

1 class/ wk \$120.00
 2 classes/wk \$160.00
 3 classes/wk \$185.00
 4 classes/wk \$216.00

Classes per week: _____
 COST: \$ _____
 DISCOUNT: \$ _____
 TOTAL: \$ _____

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 COST: \$ _____
 DISCOUNT: \$ _____
 TOTAL: \$ _____



No Credits or Refunds!

AVAILABLE DISCOUNTS:
 15% Seniors, Age 65+ or PFC Members
 25% Providence Associates
 50% Lean to Wellness Participants

Mail Payment to:
 Providence Hospital
 Wellness Institute
 Attn: Exercise
 Registration
 1150 Varnum Street, NE
 Washington, DC 20017

REMINDERS:

- ❑ For your comfort please bring a towel and water bottle to class
- ❑ AQUA Participants please bring a towel and wear aqua shoes
- ❑ Wellness Institute follows DC Public School's inclement weather policy
- ❑ Holiday Schedule- no classes on:
 Jan. 18th, Feb. 15th, May 31st, Jul. 5th, Sept. 6th, Nov. 11th, Nov. 25th – 27th
- ❑ Credits / makeups not issued for inclement weather or Holidays

For more information please call Tiffany Jones at (202) 269-7618

For Office Use Only: CP HH S R PD DT