



Wellness Center Pool

Registration Form

Date: _____

Last Name: _____ First Name: _____

Address: _____ Zip: _____

Phone: Home _____ Cell _____ Email: _____

Circle One: Member Non-Member

Name of Participant(s)	Class	Day & Time	Fee

Total: \$ _____

Circle One: Check or Cash: _____

Submit Paper work 1 week prior to the class start date.