

Western Pocono Community Library Fitness Classes Registration

Please print in ink.

Last name First name Middle initial

Home mailing address

City State Zip code

Daytime phone and/or Cell phone

Email

Date of Birth (MM/DD/YYYY):

Emergency Contact Name:

Emergency Contact Phone #:

Class choice: (check all that apply)

☐ Basic Stretch ☐ Strength Training

Method of Payments:

1) Medicare Supplemental Insurance Benefit:

☐ SilverSneakers' ☐ Renew Active

Participant Member Account #: (**REQUIRED**)

2) Punched Card Payment:

☐ \$40.00 Punch Card gives you 10 classes (\$4.00/class)

☐ \$60.00 Punch Card gives you 20 classes(\$3.00/class)

Submit this form with your **check payable** to:

Carmela Heard

or mail directly to: Carmela Heard
328 Lower Middle Creek Rd
Kunkletown, Pa. 18058

Office use only:

Method of Payment: ☐ Cash ☐ Check #: _____

Date: _____ Expiration Date: _____

Initials: _____

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