Western Pocono Community Library Western Pocono Community Library Fitness Classes Registration Fitness Classes Registration Please print in ink. Please print in ink. Last name First name Middle initial Last name First name Middle initial Home mailing address Home mailing address City State Zip code City State Zip code Daytime phone and/or Cell phone Daytime phone and/or Cell phone Email Email Date of Birth (MM/DD/YYYY): _____ Date of Birth (MM/DD/YYYY): _____ Emergency Contact Name: ____ Emergency Contact Name: Emergency Contact Phone #: Emergency Contact Phone #: _____ Class choice: (check all that apply) Class choice: (check all that apply) Basic Stretch Strength Training ☐ Basic Stretch ☐ Strength Training Method of Payments: Method of Payments: 1) Medicare Supplemental Insurance Benefit: 1) Medicare Supplemental Insurance Benefit: SilverSneakers' Renew Active SilverSneakers' Renew Active Participant Member Account #: (REQUIRED) Participant Member Account #: (REQUIRED) 2) Punched Card Payment: 2) Punched Card Payment: \$40.00 Punch Card gives you 10 classes (\$4.00/class) \$40.00 Punch Card gives you 10 classes (\$4.00/class) \$60.00 Punch Card gives you 20 classes(\$3.00/class) \$60.00 Punch Card gives you 20 classes(\$3.00/class) Submit this form with your check payable to: Submit this form with your check payable to: Carmela Heard Carmela Heard Carmela Heard or mail directly to: Carmela Heard or mail directly to: 328 Lower Middle Creek Rd 328 Lower Middle Creek Rd Kunkletown, Pa. 18058 Kunkletown, Pa. 18058 Office use only: Office use only: Method of Payment: Cash Check #: Method of Payment: ☐ Cash ☐ Check #: Date: _____ Expiration Date: ____ Date: _____ Expiration Date: _____ Initials: _____