

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 FitOn

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: _____

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 FitOn

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: _____