



REGISTRATION FORM '09

Register early to reserve your spot!

Participant's Name: _____ DOB: _____

Address: _____ Today's Date: _____

City: _____ State: _____ Zip: _____

Cell or home phone: _____

Email: _____

Would you like to be included in the Active Mom's Club email distribution list for class promotions, nutrition and fitness tips? YES NO

How did you hear about *Small Group FUNctional Training*? _____

List one fitness goal you would like to achieve with training? _____

Are you less than six months postpartum? You will need to provide a waiver from your healthcare provider.

Dr's Name: _____ Practice Name: _____

For marketing purposes

CLASS SCHEDULE

Mondays & Wednesdays: 11:45am – 12:15pm

Small Group FUNctional Training is held at
The Coaching Center – 2400 N Sheffield Ave, Chicago, 60614

- Winter
- Summer
- Spring
- Fall

REGISTRATION:

Please send completed form along with check payment to reserve your spot in class. Make checks payable to & sent to the attention of:

Coach Cassandra
2602 N. Wayne Avenue
Chicago, IL 60614

Once you registration is confirmed, you will be sent a waiver form if you are a NEW participant of the *Active Moms Club*. **A waiver from your healthcare provider is required if you are less than six months postpartum.** Please bring waiver to first class.

CLASS PRICE:

- One class/weekly, 5-week session: \$135
- Two class/weekly, 5-week session: \$215

LATE REGISTRATION: \$145, \$225
Registration ends the Wednesday before session begins. Late registration may be allowed if space is available and only at instructor's discretion.

QUESTIONS —

Call: **773.687.9905**

Email: **info@activemomsclub.com**

Visit: **www.activemomsclub.com**

Paid: check / cash

Credit Card #

Exp. date: