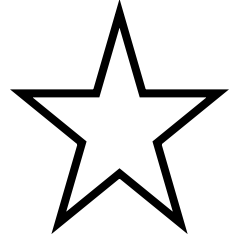


Sign up for a FREE Fitness Assessment and get a one week pass to the Deluxe Health Center*



_____ Yes, I would like to schedule a free Fitness Assessment and Equipment Orientation with one of the JCC personal trainers who will help me with my fitness goals.

****3 For \$99 Training Special-new clients only****

_____ Yes, I would like to purchase three 30 minute sessions with a personal trainer.

Please list your preferred times of availability. If you are open any day and time, please leave it blank:

Monday: _____

Thursday: _____

Tuesday: _____

Friday: _____

Wednesday: _____

Sunday: _____

Name _____ Phone Number _____

E-Mail _____ Member # _____

Areas of Interest in the JCC: (Check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Basketball | <input type="checkbox"/> Personal Training | <input type="checkbox"/> Babysitting |
| <input type="checkbox"/> Cardio | <input type="checkbox"/> Obstacle Course | <input type="checkbox"/> Adult Leagues | <input type="checkbox"/> Early Childhood Services |
| <input type="checkbox"/> Strength Training | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Youth Leagues | <input type="checkbox"/> Kaleidoscope (after school prog.) |
| <input type="checkbox"/> Group Fitness Classes | <input type="checkbox"/> Softball | <input type="checkbox"/> Adult Programming | <input type="checkbox"/> Summer Camp |
| <input type="checkbox"/> Water Fitness Classes | <input type="checkbox"/> Swimming Lessons | <input type="checkbox"/> Children/Teen Programming | <input type="checkbox"/> Sauna/Steam/ Whirlpool |
| <input type="checkbox"/> Silver Sneakers Classes | <input type="checkbox"/> Tennis/Tennis Lessons | <input type="checkbox"/> Senior Adult Programming | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Delay the Disease | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Cultural Arts/Theater | Other: _____ |

.....

Date of Fitness Assessment _____ Trainer _____

Health Center Pass: Issue Date _____ Expiration Date _____

3/\$99 Special - Date Paid _____

*Must be 18 years of age or older