

**1. Individual Contact Information:**

**LAST NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**DAYTIME PHONE:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

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**2. Your Location & Time (CIRCLE ONE)**

**SOUTHWEST**

ROYAL DANCE SOUTH  
3-1455 WAVERLY STREET

**TUXEDO**

PATRICIA'S BALLROOM & BANQUET HALL  
LOWER LEVEL 2025 CORYDON AVENUE (ENTRANCE BY BMO)

**ST. VITAL**

INSTITUTE OF DANCE OF MANITOBA  
UNIT 7 – 1064 ST. MARY'S ROAD

**OSBORNE**

LORD ROBERTS COMMUNITY CENTRE GYMNASIUM  
725 KELLYMORE AVENUE

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**3. Choose Your Four-Week Pass (SELECT ONE):**

\_\_\_\_\_ UNLIMITED\**Best Value*\* **(\$299.00)**

\_\_\_\_\_ 3-DAY *Monday, Wednesday and Friday only* **(\$199.00)**



**4. Session Date (CHECK ONE):**

**2009 Session: NOVEMBER 30 – DECEMBER 23** \_\_\_\_\_

**2010 Classes:**

Session 1: JANUARY 4 – JANUARY 29 \_\_\_\_\_

Session 2: FEBRUARY 8 – MARCH 5 \_\_\_\_\_

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**5. DO YOU HAVE ANY MEDICAL RESTRICTIONS THAT WOULD PREVENT YOU FROM PARTICIPATING IN EXERCISE? \_\_\_\_\_ YES \_\_\_\_\_ NO**

*If yes, please submit a medical clearance from your doctor to your instructor on the first day of camp.*

**6. I have read and sign Waiver? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**7. Which best describes your fitness level?**

\_\_\_\_\_ Poor

\_\_\_\_\_ Fair

\_\_\_\_\_ Good

\_\_\_\_\_ Excellent

**8. How did you hear about us? (Select One)**

\_\_\_\_\_ Flyer

\_\_\_\_\_ Street Sign

\_\_\_\_\_ At Work

\_\_\_\_\_ Internet Search Engine

\_\_\_\_\_ Television

\_\_\_\_\_ Newspaper Advertisement

\_\_\_\_\_ A Friend or Relative

\_\_\_\_\_ Email

\_\_\_\_\_ Facebook

\_\_\_\_\_ Twitter



**9. Please contact me regarding Life Coaching.**  YES  NO

**10. Please contact me regarding Financial Planning.**  YES  NO

**11. Sure, Fit4 a Cause can contact me with periodic information and updates about the program and with special offers from its partners.**  YES  NO

*Thank you for choosing Fit4 a Cause. See you at camp!*

