

# **Personal Trainer Class Registration Form**

First Name:

Middle Name:

Last Name:

Gym ID #:

Email Address:

Date:

Classess

* Pilates **(Monday , Wednesday, Friday 5:00PM)**
* Strength Training **(Thursday, , Friday 6:30PM)**
* Spin Class **(Saturday, Sunday 9:30AM)**
* Yoga **(Tuesday, Thursday 8:00PM)**