



Let's Get Physical! Registration

\$55.00 for 4 Classes

Student Name: _____ Age: _____ Gender: _____

(If signing up a second student):

Student Name: _____ Age: _____ Gender: _____

Parent Name: _____

Parent Phone: _____

Parent Email: _____

Student Email (if available): _____

Payment: Visa MasterCard

Total: \$ _____

Credit Card: _____

Exp. Date: _____ CVS _____ Billing Zip: _____

I want to attend in person

I want to attend virtually