

NAME:

Balance Member or Non-Member (circle one)

Classes: (Please **circle** classes you are enrolling in; **please check current class schedule for actual available class days.**)

ZUMBA

Mon/Tues/Wed/Thurs/Fri/Sat/Sun

YOGA

Mon/Tues/Wed/Thurs/Fri/Sat/Sun

CARDIO KICKBOXING

Mon/Tues/Wed/Thurs/Fri/Sat/Sun

PILATES

Mon/Tues/Wed/Thurs/Fri/Sat/Sun

STEP INTERVALS

Mon/Tues/Wed/Thurs/Fri/Sat/Sun

INDOOR CYCLING

Mon/Tues/Wed/Thurs/Fri/Sat/Sun

BALANCE BARRE

Mon/Tues/Wed/Thurs/Fri/Sat/Sun

POWER YOGA

Mon/Tues/Wed/Thurs/Fri/Sat/Sun

CARDIO STRENGTH

Mon/Tues/Wed/Thurs/Fri/Sat/Sun

****Please see attached price list to figure your total. Please make sure you are using the correct side of the price list; one side is for Balance members and one side is for non-members.** Enclose your payment with this form in the envelope provided and RETURN TO ANY INSTRUCTOR AT YOUR NEXT CLASS. We accept cash or checks; please make checks out to BALANCE FITNESS. *If you have questions, please ask your instructor or call Balance at 740-732-5341.* Please retain your price list for future reference.

***TOTAL ZUMBA: _\$_____**

***TOTAL ALL OTHER CLASSES: _\$_____**

***TOTAL PAYMENT: _\$_____**

CASH or CHECK