



City of Milford, Connecticut

--Founded 1639 --

70 West River Street – Milford, CT 06460-3317

Tel 203-783-3280 Fax 203-783-3284

www.milfordrecreation.org

Recreation
Department

ADULT EXERCISE CLASSES – WINTER 2012

Determine your choice of class and check appropriate box below. Classes are limited in size and there are no refunds for missed classes. Class and date selection will be taken on a first come first serve basis. **All class will be held at the Margaret Egan Center.**

PLEASE INDICATE YOUR CHOICE OF CLASS WITH A CIRCLE AROUND EACH CLASS NUMBER

Please make check payable to "**Milford Recreation Dept.**"

#	CLASS	ROOM	DAYS	DATES	TIMES	INSTRUCTOR	RES.	NON RES
1	Fitness & Wellness	GYM	Mon.	1/9 – 3/26	6:30 PM	Shelia Frankel	\$54	\$59
2	Fitness & Wellness	GYM	Thurs.	1/12 – 3/15	6:30 PM	Shelia Frankel	\$54	\$59
3	Fitness & Wellness	RM 154	Fri.	1/13 – 3/16	9:30 AM	Shelia Frankel	\$54	\$59
4	Dance & Fun Workout	GYM	Tues.	1/10 – 3/13	6:15 PM	Shelia Frankel	\$54	\$59
5	Dance & Fun Workout	RM 154	Fri.	1/13 – 3/16	10:30 AM	Shelia Frankel	\$54	\$59
6	Yoga	RM 154	Mon.	1/9 – 3/26	9:30 AM	Shelia Frankel	\$54	\$59

This is your receipt. Fee Paid: \$ _____ Date: _____ By: _____

-----DETACH HERE-----

NAME: _____ TELEPHONE: _____

ADDRESS: _____ DOB: _____

CITY/ZIP: _____ E-MAIL: _____

PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW

By my signature, I do hereby assume all risks of personal injury involved in this activity. I do hereby release the City of Milford, the Recreation Department, the instructors and agents of liability and suits at law or in equity resulting from this activity. I also give permission to the Recreation Department to use any photo or video taken of me during participation in this program; for use in print, digital or web based promotional materials.

SIGNATURE: _____ DATE: _____

#	CLASS	PAYMENT	INITIAL