

2017 HVLA AQUA AEROBICS

SIGN-UP FORM

Hidden Valley Lake Association

Name of Student _____ Birth Date _____

Name of Parent/Guardian _____
(for children under age 18)

Address _____

City _____ State _____ ZIP _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

UBL# _____

Aerobics Class (check all that apply):

_____ Mornings: Tuesdays and Thursdays • July 11—Aug. 10 • 8 - 9 AM

_____ Mornings: Wednesday and Friday • July 12—Aug. 11 • 8 - 9 AM

_____ Evenings: Tuesdays and Thursdays • July 11—Aug. 10 • 8 - 9 PM

\$34/SESSION - NON-REFUNDABLE

For Office Use Only

Paid [] Card _____ Check# _____ Employee's Initials _____

NOTE: Liability Waiver and Release Form must be completed and attached.

Notes: _____
