

# Founders Hall

## FITNESS 2025 Registration Form

Member ID Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Please check the box next to the class you wish to take. This will register you for all twelve months of 2025. If there are months you will be away, please note those months on the line next to the class name (“Exclude these months.”)

If more members are interested in a class than there are available spaces, we will use a random lottery to assign places.

If you wish to take more than one class, complete the form for ‘I Would Also Like to Take.’ In the event a lottery is necessary, priority will be given to those requesting the class as their only Fitness class.

If you are including more than one person on the form, place name next to the check box.

Sign me up    Exclude these months

### Sign Me Up For

- |                                    |                          |       |
|------------------------------------|--------------------------|-------|
| Aerobics In-Person                 | <input type="checkbox"/> | _____ |
| Aerobics Zoom                      | <input type="checkbox"/> | _____ |
| Aquacize In-Person                 | <input type="checkbox"/> | _____ |
| Core In-Person                     | <input type="checkbox"/> | _____ |
| Seated Stretch & Cond In-Person    | <input type="checkbox"/> | _____ |
| Seated Stretch & Cond Zoom         | <input type="checkbox"/> | _____ |
| Strength and Balance 1 In-Person   | <input type="checkbox"/> | _____ |
| Strength and Balance 1 Zoom        | <input type="checkbox"/> | _____ |
| Strength and Balance 1 Sect 2 2:00 | <input type="checkbox"/> | _____ |
| Strength and Balance 2 In-Person   | <input type="checkbox"/> | _____ |
| Strength and Balance 2 Zoom        | <input type="checkbox"/> | _____ |
| Strength Core & More In-Person     | <input type="checkbox"/> | _____ |
| Strength Core & More Zoom          | <input type="checkbox"/> | _____ |
| Stretch & Flex In-Person           | <input type="checkbox"/> | _____ |
| Stretch & Flex Zoom                | <input type="checkbox"/> | _____ |
| Tai Chi Beginner In-Person         | <input type="checkbox"/> | _____ |
| Tai Chi Intermediate In-Person     | <input type="checkbox"/> | _____ |
| Tai Chi Intermediate Zoom          | <input type="checkbox"/> | _____ |
| Tai Chi Advanced In-Person         | <input type="checkbox"/> | _____ |
| Tai Chi Advanced Zoom              | <input type="checkbox"/> | _____ |
| Yoga & Relax Gentle In-Person      | <input type="checkbox"/> | _____ |
| Yoga & Relax Gentle Zoom           | <input type="checkbox"/> | _____ |
| Yoga & Relax Moderate In-Person    | <input type="checkbox"/> | _____ |
| Yoga & Relax Moderate Zoom         | <input type="checkbox"/> | _____ |
| Yoga Seated In-Person              | <input type="checkbox"/> | _____ |
| Yoga Seated Zoom                   | <input type="checkbox"/> | _____ |

**I Would Also Like to Take**

- |                                    |                          |       |
|------------------------------------|--------------------------|-------|
| Aerobics In-Person                 | <input type="checkbox"/> | _____ |
| Aerobics Zoom                      | <input type="checkbox"/> | _____ |
| Aquacize In-Person                 | <input type="checkbox"/> | _____ |
| Core In-Person                     | <input type="checkbox"/> | _____ |
| Seated Stretch & Cond In-Person    | <input type="checkbox"/> | _____ |
| Seated Stretch & Cond Zoom         | <input type="checkbox"/> | _____ |
| Strength and Balance 1 In-Person   | <input type="checkbox"/> | _____ |
| Strength and Balance 1 Zoom        | <input type="checkbox"/> | _____ |
| Strength and Balance 1 Sect 2 2:00 | <input type="checkbox"/> | _____ |
| Strength and Balance 2 In-Person   | <input type="checkbox"/> | _____ |
| Strength and Balance 2 Zoom        | <input type="checkbox"/> | _____ |
| Strength Core & More In-Person     | <input type="checkbox"/> | _____ |
| Strength Core & More Zoom          | <input type="checkbox"/> | _____ |
| Stretch & Flex In-Person           | <input type="checkbox"/> | _____ |
| Stretch & Flex Zoom                | <input type="checkbox"/> | _____ |
| Tai Chi Beginner In-Person         | <input type="checkbox"/> | _____ |
| Tai Chi Intermediate In-Person     | <input type="checkbox"/> | _____ |
| Tai Chi Intermediate Zoom          | <input type="checkbox"/> | _____ |
| Tai Chi Advanced In-Person         | <input type="checkbox"/> | _____ |
| Tai Chi Advanced Zoom              | <input type="checkbox"/> | _____ |
| Yoga & Relax Gentle In-Person      | <input type="checkbox"/> | _____ |
| Yoga & Relax Gentle Zoom           | <input type="checkbox"/> | _____ |
| Yoga & Relax Moderate In-Person    | <input type="checkbox"/> | _____ |
| Yoga & Relax Moderate Zoom         | <input type="checkbox"/> | _____ |
| Yoga Seated In-Person              | <input type="checkbox"/> | _____ |
| Yoga Seated Zoom                   | <input type="checkbox"/> | _____ |