

New _____

**Total Body Fitness
2023/2024 REGISTRATION**

Return _____

Name _____ Birth Date _____

Address _____ City _____

Home Phone: _____ Work Phone: _____ E-Mail _____

Reside In: ____ City of Cedarburg ____ Town of Cedarburg ____ Non Resident

_____ Class 2215 (9/5-10/20) _____ Class 2216 (10/30-12/20) _____ Class 2219 (1/3-2/16)

_____ Class 2220 (2/26-4/12) _____ Class 2221 (4/22-6/7)

Participant's Name	Program Name	Days	Time	Fee
	Total Body AM	M/W/F	8:00 a.m.	\$40
	Total Body AM	T/Th	8:00 a.m.	\$35
	Total Body PM	T/Th	5:30 p.m.	\$35
	Total Body AM	M - F	8:00 a.m.	\$75
FOR OFFICE: Payment by	_____ Cash	_____	Check # _____	TOTAL _____

Make checks payable to Cedarburg Parks & Recreation Dept. P O Box 49, Cedarburg, WI 53012

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