



**WELLNESS
INSTITUTE**
at Providence Hospital

Providence Hospital Wellness Institute Community Exercise Program Registration Form

Registration for Session 2 Begins March 21st

Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ E-mail _____

Session 1: Jan 10th – Apr 2nd
Session 2: Apr 4th – June 25th
Summer Break: June 26th – July 9th
 Session 3: July 11th – Oct 1st
 Session 4: Oct 3rd – Dec 23rd
Winter Break: Dec 24th – Jan 7th

Have you completed the 2011 Health History/Liability Form? Yes/No

Referred By: _____

Group Fitness Prices

1 class/wk	\$98.00
2 classes/wk	\$124.00
3 classes/wk	\$155.00
4 classes/wk	\$183.00

Aqua Aerobics Prices

1 class/wk	\$120.00
2 classes/wk	\$160.00
3 classes/wk	\$185.00
4 classes/wk	\$216.00

Group Fitness		
Class	Day	Time

Aqua Aerobics		
Class	Day	Time

Total # of classes per week: _____

Cost: _____

\$ _____

Discount: _____

Total # of classes per week: _____

Cost: _____

\$ _____

Discount: _____

Please Note:

There are **No Credits or Refunds!**

Credits/Make-ups are not issued for inclement weather or Holidays (see Class Schedule)

Available Discounts:

- 15% Seniors, Age 65+ or PFC Members
- 25% Providence Associates
- 50% Lean to Wellness Participants

Please Mail Payment to:

*Providence Hospital
Wellness Institute
Attn: Exercise Registration
1150 Varnum St., NE
Washington, DC 20017*

Office Use Only

Payment Method

Cash Check # _____ Visa MasterCard AMEX
Discover

Amount \$ _____

Name on card _____

Card # - - -

Exp. Date _____ / _____ CVV2 # _____

Date Paid _____

Session 1 3 4

HH/Aqua Form _____

Computer _____