

FALL SESSION I | SEPTEMBER – OCTOBER 2017

Please Register Early to Avoid Cancellation. You may register online or send your payment with this form.

For the details of these classes, please visit www.FitnessMotivators.com or call 248-987-6930



/fitnessmotivatorsLLC



/limtwins



/LimTwins

Interval Training

Monday | 6:30 - 7:30pm
Location: Parkview/Gym
45825 Eleven Mile Rd., Novi, 48374

Sept 18 - Oct 23 | 2554-F17A
\$41R/\$46NR | 6-classes | No Omit Dates
Please bring: Hand Weights & Mat

ZUMBA

Monday | 7:00 – 7:45pm
Location: Novi Woods/Gym
25195 Taft, Novi, 48374

Sept 18 - Oct 23 | 2529-F17A
\$39/\$44NR | 6-classes | No Omit Dates
No equipment needed

ZUMBA

Thursday | 6:30 – 7:30pm
Location: Orchard Hills/Café
41900 Quince, Novi, 48375

Sept 21 - Oct 26 | 2528-F17A
NEW! ONE FULL HOUR OF DANCING!
\$41R/\$46NR | 6-classes | No Omit Dates
No equipment needed

ALL LEVEL BOOTCAMP

Saturday | 9:30 - 10:30am
Location: Parkview/Gym
45825 Eleven Mile Rd., Novi, 48374

Sept 23 - Oct 28 | 2525-F17A
\$41R/\$46NR | 6-classes | No Omit Dates
Please bring: Hand Weights & Mat

CLASS REGISTRATION FORM

Resident Non-Resident

Last Name: _____ First Name: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Emergency Phone: (____) _____

Please write your name at the session that you are registering for below:	Class #	Activity Name	Fee

Visa Master Card

Card Number: _____ AUTHORIZATION Code (CVC/CVV Code on your credit card): _____

Expiration Date: Mo _____ Year _____ Authorized Signature: _____

By accepting my registration in the above programs, I hereby understand that I release my rights or claims for damages that I may have against the Novi Community Schools and Fitness Motivators Instructors through which this program is conducted or by its Fitness Motivators Instructors or school staff. I will also adhere to the refund policy For more information, call 248-675-3400 Monday through Friday, from 9:00 am until 4:00pm. To fax this registration: 248-675-3435

Date: _____ Participants Signature: _____ (Guardian signature for minors)

Make checks payable to: Novi Community Education
Mail To: Novi Community Education | 25745 Taft Rd., Novi, MI 48374
CHECK OR MONEY ORDER MUST EQUAL EXACT AMOUNT OF THIS REGISTRATION.