

It's time to GEAR up for SPRING! Tank tops, bathing suits and shorts are right around the corner!

MONDAY NIGHTS – ROCKIN' the RINK!

**Zumba® Registration Form – Latrobe Skating Center/Ligonier St.
beginning Mon., Feb. 27th, 2012 @ 6:00 p.m.**



Session dates: 2/27/12 through 4/9/12

NOTE: NO CLASS Mon., March 12th

(REGISTRATION DEADLINE: 2/25/12)

MON. NIGHT ZUMBA® - BRINGING IN SPRING! Final class in session is a 90 min., BLACK LIGHT theme party!

Please fill out and SIGN the form and Waiver below. Mail check/registration form to:

Payments in the form of CASH or CHECK will be accepted.
Checks should be made payable to HOPE BRAY.

Hope Bray
202 Apple Hill Drive
Latrobe, PA 15650

Once PAID IN FULL, you will be preregistered, and will have a space in the Monday night Zumba® class at the Latrobe Skating Center, Ligonier St., Latrobe, beginning Feb. 27th, 2012. There will be six Mon. night classes. **NOTE: NO CLASS Mon., March 12th!** Classes will begin promptly at 6:00 pm. Doors will open at 5:45 p.m. Class time is one hour.

NOTE: IF YOU'VE ATTENDED a MON. NIGHT SESSION @ THE RINK IN THE PAST, PLEASE ONLY FILL OUT YOUR NAME & SIGN THE FORM BELOW.

The cost for this program is \$30.00. This includes: FREE Bottled water. ALSO, our FINAL class in this session will be 90 min. of BLACK LIGHT FUN! Think WHITE, GLOWING, NEON and BLINKY JEWELRY, and come to the BEST BLACK LIGHT FITNESS BASH in Latrobe! Don't MISS THIS ONE! All ages (12+) are welcome! (If under age 18, parent must sign waiver.)

If you have any questions, please contact: Hope Bray, Instructor: 724-216-8660.

Last Name: _____

First Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Form of payment: Cash _____ Check _____

By signing below, you agree to the following: I, the undersigned, hereby expressly and affirmatively state that I wish to participate in Zumba exercise class at Latrobe Skating Center. I realize that my participation in this activity involves risk of injury. I hereby expressly assume all of the delineated risk of participation. I do hereby waive, release, and forever discharge Hope Bray, all employees, representatives and all others from any and all responsibility or liability for injury or damage resulting from my participation in this activity.

PHOTO/VIDEO RELEASE: I hereby give permission for my image to be captured, during any Zumba® Fitness event through video, photo and digital camera, to be used solely for the purposes of Zumba® with Hope's promotional material and publications, and waive any rights of compensation or ownership thereto.

Signature: _____ Date: _____

