



Prenatal & Postpartum Registration Form

Please complete all applicable fields.

Fitness Classes

Register for one, two or three classes.

One

Class	Day	Location	Start date (D/M/Y)	How many classes

Two

Class	Day	Location	Start date (D/M/Y)	How many classes

Three

Class	Day	Location	Start date (D/M/Y)	How many classes

Register for a 3 or 6-month unlimited* class pass

*(time line is fixed and classes will not be extended)

Please indicate

Pass	Type	Location(s)	Start date

Personal Information

<input type="text"/>		<input type="text"/>		
First Name	or	Last Name		
<input type="text"/>		<input type="text"/>		
Due Date (D/M/Y)	Baby's Name & Age			
<input type="text"/>	<input type="text"/>			
Home Address	Apt #			
<input type="text"/>	<input type="text"/>			
City	PC			
Telephone Numbers				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home	Cellular	Business	Extension	

E-mail address (home preferred)

Partner (if applicable)

<input type="text"/>	<input type="text"/>
First Name	Last Name