

MOMMY & BABY BOOT CAMP

REGISTRATION FORM

Name _____
Baby's Name _____
Address _____
City _____ State _____ Zip _____
Home Phone () _____ Day Phone () _____
*Physician _____ Physician Phone () _____

**CLASS IS WEDNESDAY
12:30-1:30PM**

Cost:

Members- \$80 for 8 classes

Non-Members- \$120 for 8 classes

Payable before first session
Cost will be pro-rated when applicable.

Method of payment-

___ Check

___ Credit Card

CC# _____ Exp. _____

Signature _____

