



Registration Form

Please Print

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell/ Home? Birthday: _____

E-Mail address _____

How did you hear about Pumps? _____

Where else have you trained/exercised in the past 12 months?

What type of Group Exercise most interests you (check all that apply)?

___ Tai Chi

___ Tabata

___ Strength Training

___ Pilates

___ Zumba

___ Core Work

___ Kick Boxing

___ Other (Any and all suggestions welcome!)

___ Yoga

___ Meditation
