

COUNT ON YOURSELF™
Pedometer Workshop Application

Please complete the following and mail it with your check payable to:

Classic Fitness, Inc, 4 Hickory Drive, Maplewood, NJ 07040

This fee is non-refundable. If you miss the program due to an emergency, your name will be placed on a waiting list (space allowing) for the next available program.

This program does not include medical advice. If you have any questions regarding your health, please consult with your doctor.

Name _____

Address _____

State _____ Zip Code _____

Today's Date ____/____/____

Program Date ____/____/____

Received and Confirmed: (office note)

Phone numbers:

(H) _____

(W) _____

(C) _____

Email: _____@_____

My primary goal in participating in this program is:

Additional health and wellness goals:

