

EOE OFF-SITE REGISTRATION FORM

888-363-3635

ELEMENTS OF EXERCISE

www.elementsofexercise.com

Current Date _____

PLEASE PRINT

Last Name _____ First Name _____ Home Phone _____

Street Address _____ Apt. # _____ Business Phone _____

City _____ ZIP _____

<u>Class Name</u>	<u>Day(s)</u>	<u>Time</u>	<u>Location</u>	<u># Weeks</u>	<u>Fee</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Classes Begin _____ Amount Due _____ Cash _____ Check # _____ Visa _____ MasterCard _____

Credit Card # _____ 3-digit code: _____ Expiration Date _____ Initials _____

TO REGISTER BY MAIL: Fee must be enclosed for valid registration.

TO REGISTER BY FAX: 888-363-3635

Make checks payable to: Elements Of Exercise

Send to: EOE, 2434 S. Telegraph Rd, Dearborn, MI 48124

Register EARLY by mail or fax today! Classes fill quickly!

**Your cancelled check is your receipt. No class confirmations are issued.*

ONLY CANCELLED CLASSES WILL BE REFUNDED IN FULL.