

VFITT FITNESS CLASS REGISTRATION FORM

Name: _____

_____ 1 year Annual Staff	\$150 (all inclusive)
_____ 1 year Annual Non-Staff	\$175 (all inclusive)
_____ 1/2 school year Staff (Sept-Dec)(Jan-May)	\$ 85 (all inclusive)
_____ 1/2 school year Non-Staff (Sept-Dec)(Jan-May)	\$100(all-inclusive)
_____ 1 class annual Staff	\$ 50
_____ 1 class annual Non-Staff	\$ 75
_____ Summer	\$ 50 (all-inclusive)

Make checks payable to **VASD VFITT**

Mail to: Laurie Tackett, Wellness Coordinator
Central Office
700 North Main Street
Verona, WI 53593

Plan to take: (mark all that apply)

___ Zumba ___ Functional Fitness ___ Tabata ___ Pilates
___ Boot Camp ___ Insanity ___ Walk/Run ___ Circuit
___ Yoga ___ Strength&Tone ___ Power Stretch ___ Mash up