

Byron Township Recreation

Get Fit Club

With Lisa

Get ready to have a great time while burning fat and building muscle! This is a total body workout that incorporates weights, plyometrics, and stretching. Lisa Stowers, certified personal trainer, will work with you for exercise modifications if needed.

Day: Tuesdays and Thursdays

Minimum: 6

Date: January 17– March 8

Maximum: 10

Duration: 8 weeks

Location: West Middle School
8654 Homerich Ave.

Cost: \$90 Resident/\$100 Non-Resident

Time: 6:00-7:00pm or
7:00-8:00pm

Registration Deadline: January 14, 2012
(\$5 Registration Fee after Deadline)

Age: 16 and older

16 hours with
a personal
Trainer!

HOW TO REGISTER: Mail in, drop off or fax your signed and completed registration form and the full registration fee to the Parks and Recreation Department to reserve your spot. Office hours are Monday-Friday 6am-9pm, Saturdays 8am-5pm. Cash, checks or credit cards accepted. Make checks payable to: Byron Township.

NO refunds will be given after the deadline.

Byron Township Parks and Recreation * 2120 76th St * Byron Center, MI 49315

Phone: 878-1998 * Website: www.byrontownship.org * Fax: 583-1220

Get Fit Club

Activity # 6PM-2055.1135 7PM- 2056.1135

Name: _____

Address: _____

City: _____ **Zip:** _____ **Birth Date:** _____

Phone: _____ **Alternate Phone:** _____

Municipality (where you pay taxes): _____ **Email:** _____

I hereby understand that by signing this form, I agree not to hold Byron Township or independent contractor's responsible for any injuries that may occur during participation in this Byron Township Recreation Program. Furthermore, I authorize Byron Township to use photographs of participants for Byron Township promotional literature.

Signature: _____

YES, I would like to donate to the youth Scholarship program. Amount: \$1 \$5 \$10 Other _____

Credit Card # _____ MasterCard/Visa/Discover Expiration Date: _____

Name on Credit Card: _____ Address: _____ Zip: _____

OFFICE USE ONLY: Date Paid: _____ Cash: _____ Check: _____ Credit Card: _____ Receipt #: _____ Amount Paid: _____