



valleypilates

pilates
massage
personal training

valleypilates.com

CLASS REGISTRATION AND PAYMENT FORM

PERSONAL INFORMATION

First Name _____ Last Name _____ Date Of Birth _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____ E-mail Address _____

EMERGENCY CONTACT PERSON

First Name _____ Last Name _____ Relationship _____

Home Phone (_____) _____ Cell Phone (_____) _____

Work Phone (_____) _____ E-mail Address _____

CLASS ENROLLMENT

Class _____ Day & Time _____

Class _____ Day & Time _____

Class _____ Day & Time _____

REGISTRATION

*Payments for all classes must be included with registration form.
Please make checks payable to **Valley Pilates, LLC**.*

**CLASSES MEET AT:
1440 SOUTH ONEIDA ST., SUITE O
MENASHA, WI 54952**

Please mail registration forms to:
Valley Pilates, LLC
1430 Amendment Drive
Neenah, WI 54956