

# WELLNESS CENTER REGISTRATION

## FALL QUARTER: October 25-December 17, 2004

**To Register:**

1. Complete this form.
2. Make check/money order payable to the "University of California." **No cash please.**
3. Submit your completed registration form and check to the Wellness Center, MS P955.
4. **IF THERE IS NO FEE**, the form may be faxed to 665-6140.
5. Questions??? Call us at 667-7166 -or- email: wellness@lanl.gov -or- Fax: 665-6140.

Name:	Z#:	Date:
Group:	MailStop:	Phone:
		email:

<b>Class Rates for 8 weeks</b>	1X/week = \$15.75	4X/week = \$63.00
Fees for exercise classes are based on an 8-week session and are adjusted for November holidays.	2X/week = \$31.50	5X/week = \$78.75
	3X/week = \$47.25	

<b><u>Wellness Center Class Policies – Acknowledgement of Understanding</u></b>	
I acknowledge that I have read and understand the Wellness Center Class Policies, including rules concerning class pre-requisites and that no cash refunds will be issued for any reason.	
_____	_____
<b>Signature</b>	<b>Date</b>

Class #	Class Name	Circle Days	# Days/Week	Rate	Total \$ Due
		M T W T F			
		M T W T F			
		M T W T F			
		M T W T F			
		M T W T F			

**Total Registration Fee Due:** \_\_\_\_\_

**For Wellness Center (HSR-2/WC) Use Only**

Check/Money Order #:	Receipt Log #:	Staff Initial:
Notes/Comments:		