Triangle Dance Center
Adult Classes Winter 2010

New session begins January 11

Winter Special:

Sign up for any 2 classes & save $25!

Walk-in rate $18 per class.

Check (✓) Class Selection(s):

❑ **Zumba Mondays 5:30-6:30 pm, $120**

Instructor: Tyree

First class January 11, last class March 22. No class January 18.

Wear comfortable clothing and bring water and a towel.

❑ **Pilates Mat Mondays 8-9 pm, $135**

Instructor: Janet

First class January 11, last class March 22.

Bring Yoga mat and resistance band*.

❑ **Pilates on the Ball Thursdays 8-9 pm, $135**

Instructor: Janet

First class January 14, last class March 25.

Bring Yoga mat, stability ball and resistance band*.

**Resistance bands are available for $5 at first class.*

_____

Name

_____

Street Address

_____

City, State, Zip

_____

Home Phone Cell/Work Phone

_____

E-mail Address

Payment Information TDC accepts cash, checks (made payable to Triangle Dance Center) and VISA/MasterCard.

Please charge $_____ to the credit card below:

___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

Card Number

___ ___ /___ ___ ___ ___ ___

Exp. Date 3 Digit Security Code

_____

Name as it appears on card

_____

Signature

_____

Billing Address (if different than address provided above)

Please return this form with payment to:

381 Triangle Rd, #7, Hillsborough, NJ 08844 or fax (908) 431-0022 or phone (908) 431-0020 using your VISA/MasterCard.

TURN OVER AND COMPLETE BACK. THANK YOU!

Please read and sign:

I, the undersigned, wish to enroll in Triangle Dance Center's dance/exercise program, knowing that this involves physical activity of an aerobic and/or non-aerobic nature. In the event that I sustain any injuries out of or resulting from the program, I hereby waive my right to sue or make any other claim for damages or compensation from Triangle Dance Center and hold harmless from and against any and all claims, damages, losses and liabilities (including attorney's fees and expenses of litigation), which they may incur or sustain as a result of my participation in the program.

X _____

Signature *Date*