Ladies Time Out Registration Form Monday morning 9:30-11:30am (name of class)_____ Fall Winter Spring **Tuesday** morning 9:30-11:30am (name of class) Wednesday evening 7-9pm (name of class) YEAR _____ Name:_____Email:_____ Ph/cell #: _____ I Agree to share my email with participants of the LTO Group (signature) X

Fee Structure:

MONDAY Morning Options (circle option)

\$40.00	"Creative Card Design" OR "Conversational Spanish" OR "Bring Your Own Thing" (BYOT)	Monday \$
\$60.00	"Senior Women Yoga"	
\$75.00	"Fitness-Tune Up"	

TUESDAY Morning Options (circle option)

\$40.00 "Bring Your Own Thing" (BYOT) **\$75.00** "Yoga" **OR** "INTRO to Pilates" (max 8-10)

\$70.00 NEW "Pickle Ball" (max 6-8 to run)

WEDNESDAY Evening Options (circle option)

\$70.00 "Pickle Ball" (max 8 to run) **\$75.00** "Gentle YOGA" (max 8-10) **\$40.00** "Bring Your Own Thing" (BYOT)

Payment Options: Cash, Debit, Cheque or Credit Card (Visa / MasterCard) Due prior to session starting All cheques should be made payable to "FIRST LUTHERAN CHURCH" Childcare Fee (if required) \$_____

Refunds only permitted under the discretion of the LTO coordinator for unforeseen circumstances

TOTAL \$		

Fees to be paid:

Tuesday \$

Wednesday \$_____

OFFICE USE : Cash amt	Cheque #	Credit Card	(circle one)	Visa	M/C
PAYMENT RECEIV		ENTI	ERED RE	GISTRATION by	

Childcare Fee \$_____ Childcare Fee \$60.00 (only charged for those Ladies who require the need) PLEASE NO DROP IN CHILDREN Child care is organized for those preregistered, please do not expect to drop off additional children occasionally as this effects our care ratio and the dynamics of the room, creating difficulties for the supervising attendant's.

Sickness: Out of courtesy and wellbeing of all participants please stay home if you, or your child is sick.

CHILDCARE NEEDS: Child's Name:	Monday	Tuesday_	Wednesday AGE:	(please che	ck off day childcare required) Allergies:	
1						
2						
Any Special instructions:						