



Montville Recreation Department's

ZUMBA CLASSES



WHO: Adults

WHAT: **ZUMBA** is an aerobic dance workout set to pulsating Latin music.
Wear Comfortable Clothing, Sneakers & Bring H2O!

WHERE: **Montville Physical Therapy STUDIO**, 2 Change Bridge Road in Montville 07045

WHEN:

SESSION	DAY & DATES	TIME	COST
1	Mondays: Dec 5, 12, 19, Jan 9, 16, 23, 30, Feb 6, 13, 20 & 27 (No: 12/26 & 1/2) — 11 wks	9:30am to 10:30am	\$81.00
2	Tuesdays: Dec 6, 13, 20, Jan 3, 10, 17, 24, 31, Feb 7, 14, 21 & 28 (No: 12/27) — 12 wks	6:00pm to 7:00pm	\$87.00
3	Thurs: Dec 1, 8, 22, Jan 5, 12, 19, 26, 31, Feb 2, 9, 16 & 23 (No: 12/15 & 12/29) — 11 wks	9:30am to 10:30am	\$81.00
4	Sat: Dec 3, 10, 17, Jan 7, 14, 21, 28, Feb 3, 10, 17 & 24 (No: 12/24 & 12/31) — 11 wks	10:00am to 11:00am	\$81.00

INSTRUCTOR: Miss Melissa Gould — www.justdanceacademynj.com

FEE: See Chart Above. **NOTE:** There will be a \$5.00 processing fee for program refunds!

PAYABLE TO: Montville Recreation, 195 Change Bridge Road, Montville 07045

REGISTRATION PROCEDURE:

1. In Person 2. Mail 3. On-Line OR 4. Payment Drop Box in Municipal Building's Parking Lot
Checks or Cash Only for In-Person Registration OR Checks Only for Mail or Payment Drop Box!!!
OR Credit Cards for On-Line Registration!

Please Note: You will be charged a 3 % convenience fee for credit card use on-line!
For On-Line Registration !!! Go to the town's website at: <http://www.montvillenj.org/RecRegistration>
For additional Recreation Flyers go to: <http://www.montvillenj.org/RecFlyers>

CLASS SIZE IS LIMITED !!! FIRST COME, FIRST SERVE !!!

QUESTIONS ??? Call Recreation: (973) 331-3305 or Visit our Website: www.montvillenj.org

ZUMBA CLASSES - Winter 2016-2017

NAME _____ BIRTHDATE _____ AGE _____

ADDRESS _____ TOWN _____ PHONE _____ CELL _____

EMAIL (Please distinguish b/w letters & numbers!) _____

EMERGENCY NAME & NUMBER _____

CIRCLE SESSION CHOICE/S: 1—(Mon) 2— (Tues) 3— (Thurs) 4— (Sat)

Please list any special needs that you may have that will assist us in providing a successful program:

I understand that the Recreation Department DOES NOT provide accident insurance.

PARTICIPANT SIGNATURE _____ **DATE** _____

FOR OFFICE USE (10/27): Fee Paid _____ Cash _____ Check _____ Received By _____ Date _____ **PROGRAM # 822**