



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: Just Dance Academy, 48 Route 46, Pine Brook (Next to Post Office)

WHEN:

SESSION	DAY & DATES	TIME	COST
1	Mondays: January 6, 13, 20, February 3, 10, 17 & 24	9:30am to 10:30am	\$64.00—7 weeks
2	Tuesdays: January 7, 14, 21, February 4, 11, 18 & 25	6:00pm to 7:00pm	\$64.00—7 weeks
3	Thursdays: January 2, 9, 16, 23, February 6, 13, 20 & 27	9:30am to 10:30am	\$71.00—8 weeks
4	Thursdays: January 2, 9, 16, 23, February 6, 13, 20 & 27	7:00pm to 8:00pm	\$71.00—8 weeks
5	Saturdays: January 4, 11, 18, 25, February 1, 8, 15, 22 & 29	8:00am to 9:00am	\$78.00—9 weeks

INSTRUCTOR: Miss Melissa Gould — www.justdanceacademynj.com

FEE: See Chart Above.

NOTE: There will be a \$20.00 processing fee for program refunds PRIOR to program start!

PAYABLE TO: Montville Recreation (located at 195 Change Bridge Road in Montville)

REGISTRATION PROCEDURES:

- In Person on the Rec Desk Kiosk (Check, Cash with No Fees and/or Credit Card with a 3% Fee)
- On-Line from Home (Echeck with 1% Fee OR Credit Card with 3% Fee)
- Payment Drop Box in Municipal Building's Parking Lot (Check Only....must have family page set up on Community Pass)
- OR 4. Snail Mail (Check Only....must have family page set up on Community Pass)

For On-Line Registration !!! Go to the town's website at: <http://www.montvillenj.org/RecRegistration>

To Download Registration Forms go to: <http://www.montvillenj.org/RecFlyers>

****NOTE: If coming to the Rec Dept, you will register directly on the Kiosk at the Rec Desk. No need to fill out paperwork!**

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

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



LIKE us on FACEBOOK at: <https://www.facebook.com/Montvillerec/>



ZUMBA CLASSES - Winter 2020

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Adult Participant _____ D/O/B _____ Age _____ Home Phone _____

Address _____ Town _____ Cell Phone _____

E-Mail/s (Please print clearly! Distinguish b/w letters & numbers!) _____

Emergency Name & Contact (Name/Relation/Phone #) _____

Known Medical Conditions/Allergies _____

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

CIRCLE SESSION CHOICE/S: 1 2 3 4 5

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

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

Participant Signature _____ Date _____

FOR OFFICE USE (12/10/19): Fee Paid _____ Cash _____ Check _____ Received By _____ Date _____ **PROGRAM # 822**