Instructor Name:	
Class Location:	
Class Name:	
Date of Class:	Time of Class:

	FLEX	
SilverSneakers	Community	
by Tivity Health	Fitness Classes	

*Please supply date of birth, zip and phone OR member card number on **first visit only.** Subsequent visits please supply only first name and last name.

First Name	Last Name	Date of Birth*	Zip Code*	Phone*	Member Card Number