

AUTUMN WELLNESS REGISTRATION



Pre-Registration Required

Mail To: The Wellness Center, 189 Prouty Drive, Newport, VT 05855

Email Questions or to Save a Spot: mheadley@nchsi.org

Checks Payable To: The Wellness Center

The studio is not able to accommodate drop-in consultations or unscheduled visits.

Please use the above contacts for registration and information needs.

One-on-one consultations start at \$50/session and must be pre-scheduled.

Name _____ Contact # _____

Email Address: _____@_____

FALL Pricing

UNLIMITED September–December 2024 Access: \$285 (regular price: \$320)

Monthly Unlimited Membership: \$80.00/month

**Unlimited Packages Include Fitness Classes Only—Does not include workshops/
fundraisers or Specialty Events.**

Absolutely no refunds or credits from session to session or into 2025.

Drops-Ins: \$10/class (Meaning you are NOT prepaid by * mailing/emailing in form)

* Mailed Forms Should Be Mailed No Later Than 1 Week Before Your Start Date!

ONE CLASS ONLY			
Specific Class Name/Day of Week			
	# of classes:	X\$6	\$
TWO CLASSES ONLY			
Specific Class Name/Day of Week			
	# of classes:	X \$5	
	# of classes:	X \$5	
		Total:	\$
THREE CLASSES ONLY			
Specific Class Name/Days of week (After 3 a week all classes are \$4 each)			
	# of classes:	X \$4	
	# of classes:	X \$4	
	# of classes:	X \$4	
	# of classes:	X \$4	
	# of classes:	X \$4	
		Total:	\$
Workshop Name:	Cost:	(Add to above for grand Total:)	
		Total:	\$

*I understand there is a scent-free policy and will come scent-free to class. I agree to hand carry clean/dry indoor shoes. I will sign-in for each class. I understand that if there is a class before mine, I will not be permitted to enter until 10 minutes before class. I understand I will be exercising at my own risk. If I have had a recent health event, surgery or there are concerns about my ability to participate freely, I may be asked to provide a doctor's note and will abide: **YES (please circle)***

The **Wellness** Center

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WWW.NORTHCOUNTRYHOSPITAL.ORG/WELLNESSCENTER