



PROGRAM REGISTRATION FORM

Program: Heart Adventure Fitness

Course #: Y-101

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Phone (Home/Cell): _____

Phone (Business): _____

Date of Birth: _____ Age: _____

Fee: \$200 (Make check payable to "Township of Evesham")

Credit Card: (Circle One) Visa or MC:

#: _____

Exp. Date: _____

Signature: _____

Please mail fee, registration form, and a self-addressed, stamped envelope to:

Township of Evesham
Attn: Dept. Of Recreation
984 Tuckerton Rd.
Evesham, N.J 08053