

Penacook Community Center, Inc.

Post Office Box 6008

Penacook, New Hampshire 03303

(603) 753-9700

www.penacookcommunitycenter.org

APPLICATION FOR: ALL ADULT FITNESS CLASSES

Full Name _____ Age _____ Male ___ Female ___

Address _____

City _____ Zip _____

Date of Birth _____ Home Phone _____ Work Phone _____

E-Mail Address _____

CPR or First Aid Certified: _____

Annual Membership Dues \$45.00

(Renewable on your Membership Origination Date)

Membership Origination Date: _____

Date: _____ Staff Signature _____

Date: _____ Staff Signature _____

Date: _____ Staff Signature _____

Date: _____ Staff Signature _____

Date: _____ Staff Signature _____

Date: _____ Staff Signature _____

I hereby verify the information on this application. I understand that the Penacook Community Center and the Center's personnel or volunteers maintain precautions against personal injury and property loss and I will not hold them responsible or liable should either occur. I further understand that this membership may at any time be temporarily suspended or permanently revoked, if membership privileges are abused and/or the Center and its equipment is misused.

Member Signature _____ Date _____

Staff Signature _____ Date _____