

Please print out the following registration and questionnaire forms and send completed with payment to:

Monica Ehlers
Moms' Gymsm
c/o 180 Park Road
Burlingame CA 94010

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone Number: _____

Date of workshop: _____

Today's date: _____

Amount enclosed*: _____ (You may pay in full, however, a non-refundable** deposit for half the amount is acceptable to secure a place, with the balance due the day of the workshop)

* The cost is \$250 if you are registering within the same month as the workshop (i.e. the workshop is January 28 and you are registering on January 1. Your registration should be postmarked if you would like proof of the date in which you registered)

The cost is \$200 if you are registering any month prior to the workshop

** If you have a valid reason for not being able to attend a workshop for which you registered, you may apply your deposit towards any workshop offered by Moms' Gymsm within one year of your original registration.

1. Please describe your fitness level and list any physical activities you do on a weekly basis:

2. What is your experience with children?

3. Are you currently a fitness instructor or have you ever taught group exercise classes(Please list)?

Have you been certified to teach basic aerobic fitness (Please list)?

4. Are or were you certified to teach any other fitness formats (Please list)?

5. Are you C.P.R. certified?

6. Are you planning to teach Moms' Gym_{sm} within the next year?

7. Do you have a facility in mind?