

# COM Aquatic Center & Fitness Learning Systems Present:



## Water Power Moves that TURN UP THE HEAT Aquatic Balance & Core Concepts

**Dates:** Saturday – February 9, 2008  
**Hosted By:** Tammy McAlister - Aquatics Director

**Location:** **COM Aquatic Center**  
 3003 North "A" Street  
 Midland, Texas 79705  
 (432) 684-7755

**Sign up before  
 January 9<sup>th</sup> 2008  
 and get the  
 EARLYBIRD discount**

**Presented By:** June Chewing, MA Fitness Learning Systems  
**Contact Toll Free:** (888) 221-1612

**REGISTRANT INFORMATION:**

Name \_\_\_\_\_  
 Daytime Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
 Home Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

PLEASE CHECK ALL APPLICABLE:	Early bird	After 1/9/08	Amount Due
<input type="checkbox"/> COMBO PKG Both 3 hour workshops	\$ 104	\$ 109	\$ _____
<input type="checkbox"/> Water Power Moves <b>Morning Only</b> (3 hour workshop)	\$ 59	\$ 64	\$ _____
<input type="checkbox"/> Aquatic Balance & Core <b>Afternoon Only</b> (3 hour workshop)	\$ 59	\$ 64	\$ _____

**METHOD OF PAYMENT** **TOTAL AMOUNT DUE:** \_\_\_\_\_  
 Check enclosed (Make check payable to Fitness Learning Systems)  
 Signed Purchase Order Attached \_\_\_\_\_ **Credit Card Payment**

**Credit Card Number** \_\_\_\_\_ **Card Expiration Date** \_\_\_\_\_  
**Credit Card Statement Zip Code** \_\_\_\_\_

- CANCELLATION POLICY:**
- ▶ ABSOLUTELY NO TRANSFERS WILL BE ISSUED
  - ▶ CANCELLATION REQUESTS MUST BE RECEIVED IN WRITING BY FAX OR POST MARKED AT LEAST **14 DAYS** BEFORE EVENT DATE Directly to Fitness Learning Systems at address below
  - ▶ IF YOU CANNOT ATTEND THE EVENT FOR ANY REASON, YOU CAN CANCEL YOUR REGISTRATION WITH PAYMENT OF \$10.00 CANCELLATION FEE
  - ▶ UPON RECEIPT OF CANCELLATION REQUEST REGISTRANT WILL RECEIVE A REFUND LESS THE \$10 CANCELLATION FEE

**Participant Acknowledges/Accepts:**  
 I, the undersigned have read and understand *Cancellation Policy* that I will not get any cash/credit refund if I cancel my attendance at the event without written notification. Furthermore, I fully understand that the program I have registered for requires vigorous physical activity & participation & I agree to release Fitness Learning Systems & all associated organizations, presenters, co-authors, host facilities & the event coordinators from any & all liability that may arise out of my participation in these programs.

Participant Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**MAIL, Fax or Email Registration Form to: Fitness Learning Systems**  
 221 S. State St., West Harrison, IN 47060  
 E-mail scanned registration to [info@FitnessLearningSystems.com](mailto:info@FitnessLearningSystems.com) or FAX to: (513) 574-9857

