

ADULT FITNESS PROGRAM
Dept. of Physical Education

Adelphi University
Garden City, NY 11530

REGISTRATION FORM
(please print)

Name _____ Home Phone () _____ Business Phone () _____

Address _____ SS No. _____ Age _____ Sex _____

Family Physician:
Name _____ Your Occupation _____

Address _____ Are you or your spouse employed by Adelphi University? Yes No

Phone No. () _____ Are you a student of Adelphi University? Yes No

PLEASE CHECK PROGRAM CHOICE: 12 Week Session Full Year

Fill in below the days and times you choose to attend according to the attached Schedule.

Days of the week: _____ Class Times _____

*Make your check or money order payable to ADELPHI UNIVERSITY, AFP. Deposit _____ Total Fee _____ Balance Due _____

Applicant's signature _____ Date _____

A non-refundable \$25 deposit must accompany this form