

Eatontown Recreation  
 47 Broad Street  
 732-389-7607  
 rec@eatontownnj.com



Zumba® exercise classes are "fitness-parties" that blend upbeat world rhythms with easy-to-follow choreography, for a total-body workout that feels like a celebration.

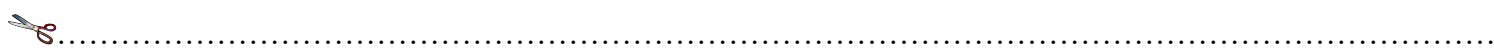
Zumba® is fun, different and easy!  
 Open to Males and Females ages 15 & Up.

**Class Location: Community Center 72 Broad St. Register now - classes ongoing!!**

Day :	Time:
TUESDAY	6:00 - 7:00 PM
THURSDAY	6:00 – 7:00 PM

**Fee: Register for 8 classes \$40. per person and receive 2 classes free!!!!**  
**Walk-In's welcome - \$5.00 per person per class**

Contact Eatontown Recreation to register or with any questions 732-389-7607 or [rec@eatontownnj.com](mailto:rec@eatontownnj.com)  
 47 Broad Street Eatontown NJ 07724 Make checks payable to "Borough of Eatontown"



IMPORTANT: HOLD HARMLESS RELEASE (PLEASE READ): I understand there is no medical insurance coverage included in the registration for any program offered by the Department of Recreation. By participating in these programs, you assume your own medical insurance responsibilities. The Borough maintains a "Limited Form of Contract" accident insurance for sponsored programs, which is intended to be only supplemental to your own personal health insurance. Participants in Recreational activities sponsored by the Borough of Eatontown should recognize that conditions in an about the recreational facilities, and the nature of certain activities all present certain reasonable and unforeseeable risk of injury. Users/participants assume all reasonable risks, which may exist by virtue of the conditions existing at the facilities, or by virtue of participation in the activities. Users/participants agree to hold harmless the Borough of Eatontown, its employees, or volunteers in the event of accident or injury while participating in the activities and/or while using Borough and/or recreational facilities. Photos and videos may be taken and used by Eatontown Recreation for promotional purposes.

## REGISTRATION FORM - ZUMBA

Adult Last Name \_\_\_\_\_ Adult First Name \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_ Emergency \_\_\_\_\_

Participant Name: \_\_\_\_\_ M/F \_\_\_\_\_ Date of Birth \_\_\_\_\_ Fee Paid: \_\_\_\_\_

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