

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