

# REGISTRATION FORM

Registration Period: **January 17<sup>th</sup> - May 4<sup>th</sup>**



Hawley Armory, 359 Mansfield Road, Unit 2101, Storrs, CT 06269-2101

<p>Already a Member?</p> <p><b>MEMBERSHIP</b></p> <p>NUMBER</p> <p>↓</p> <p>_____</p>	<p>→</p> <p>either</p> <p>←</p>	<p>NAME: _____ DATE: _____</p> <p>ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP: _____</p> <p>PHONE: (     )     -     EMAIL: _____</p>
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<b>Membership Plan:</b>	
<p><b>Combination Fitness &amp; Exercise Class Club</b></p> <p><input type="checkbox"/> Session     \$135</p> <p><input type="checkbox"/> Annual       \$350</p>	<p>This membership includes Fitness Center membership, <i>unlimited</i> access to all Exercise Classes and towel/locker service. Personal Training is not included.</p>
<p><b>Fitness Center</b></p> <p><input type="checkbox"/> Session     \$115</p> <p><input type="checkbox"/> Annual       \$295</p>	<p>This membership includes use of the <b>Fitness Center</b> and towel/locker service.</p>
<p><b>Exercise Class Club</b></p> <p><input type="checkbox"/> Session     \$115</p> <p><input type="checkbox"/> Annual       \$295</p>	<p>This membership includes unlimited access to <b>all Exercise Classes</b> (including yoga) as well as towel/locker service.</p>
<p><b>YOGA/PILATES only</b></p> <p><input type="checkbox"/> Session     \$90</p>	<p><i>Yoga</i> classes meet on <b>Mondays</b> and <b>Fridays</b> 12-1pm  <i>Pilates</i> classes meet on <b>Tuesdays</b> 5-6pm and <b>Wednesdays</b> 12-1pm.                      These classes are <b>INCLUDED</b> in the <b>Exercise Class Club</b> membership.</p>
<p><b>SPIN</b></p> <p><input type="checkbox"/> Session (1 day)     \$50</p> <p><input type="checkbox"/> Session (3 days)   \$100</p>	<p><i>Spin*</i> classes meet on Wednesday 12-1pm and Tuesday/Thursday 5-6pm                      These classes are <b>INCLUDED</b> in the <b>Exercise Class Club</b> membership.</p> <p>* subject to a min number of registrants. Additional classes will be added if there is enough interest.</p>
<p><b>Fit After 55</b></p> <p><input type="checkbox"/> Session     \$65</p>	<p>Fit After 55 classes meet on <b>Tuesdays</b> and <b>Thursdays</b> from 9am to 10am.</p>
<p><b>Locker/Towel Only</b></p> <p><input type="checkbox"/> Session     \$20</p> <p><input type="checkbox"/> Annual       \$55</p>	<p>This membership includes a <i>locker</i> in the Armory, one <i>towel</i> per visit, and access to the <i>shower facilities</i>.</p>
<p><b>Punch Card*</b></p> <p><input type="checkbox"/> 5 Pass       \$25</p> <p><input type="checkbox"/> 10 Pass      \$40</p>	<p>Punch cards have an expiration date of <b>6 months</b> from the date of purchase.                      &gt;&gt; <b>NO</b> locker/towel included with this plan &lt;&lt;</p> <p>* cannot be used for spin classes.</p>
<p><b>Services Available</b></p> <p><input type="checkbox"/> Personal Training Session*</p> <p><input type="checkbox"/> Nutritional Counseling Session*</p> <p><input type="checkbox"/> OTHER (specify in comments)</p>	<p>These services may include one <i>towel</i> per visit and access to the <i>shower facilities</i>.</p> <p><b>Comments:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>* Ask for prices and availability</p>

All registrations must complete a Waiver. See the Fitness Center monitor for assistance.  
**NO refunds will be given after TWO WEEKS from the date on this form.**

**Locker Information:**

Lock Number (Serial Number): \_\_\_\_\_

All lockers that have not been renewed within **30 days** of the **membership expiration date** will be opened and content removed.

**Payment Method:**

**CASH** Amount: \$ \_\_\_\_\_ . \_\_\_\_\_

**CHECK** Make payable to **University of Connecticut**  
Address: Hawley Armory, 359 Mansfield Road, Unit 2101, Storrs, CT 06269-2101

**CREDIT CARD** For security purposes, all credit card registrations must be done in person with **Nancy Madrak in Koons Hall, Room 228**. Phone number: **(860) 486-1611**

**PAYROLL DEDUCTION**

**→ Only for University Faculty & Staff** (Full-time state employees only. Students cannot do payroll deduction)

*Classified Payroll*

I hereby authorize the State Controller to **deduct a total** of \$ \_\_\_\_\_ from my pay at the rate of \$ \_\_\_\_\_ from **each paycheck** until the total amount is reached. (The minimum deduction per paycheck is \$20.00). The State Controller will remit such deducted funds to The Armory to my credit.

*Professional Payroll*

Date \_\_\_\_\_ Employee Number \_\_\_\_\_



I confirm the information provided on this form is correct and acknowledge acceptance of Hawley Armory Fitness & Wellness policies as well as terms explained above.

Signature \_\_\_\_\_



Hawley Armory | Fitness & Wellness

ADMINISTRATIVE USE ONLY

ADMINISTRATIVE USE ONLY

<input type="checkbox"/>	New Member
<input type="checkbox"/>	Membership Plan
<input type="checkbox"/>	Payment Method
<input type="checkbox"/>	Locker
<input type="checkbox"/>	Signature
<input type="checkbox"/>	Gym Assist Updated?
<input type="checkbox"/>	Lock Info Entered in Excel

COMMENTS:

INITIAL: \_\_\_\_\_