Ephrata Recreation Center

Winter 2019

Biggest Winners Registration Form

Name: _____ Non-Member: ____ Member: _____ Exp Date: ____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-Mail: _____

School District: _____ Date of Birth: _____

Teammate Preference: _____

T-shirt Size_____

Training Time Preference: Please rank them by preference 1, 2, 3...
Teams will be filled on a first come first serve basis. Minimum # of participants needed to constitute at team is 8. Maximum # of participants per team is 12.

Tues 5:15am/Sat 6am _____
Tues 6pm/Sat 6am _____
Wed 6:15pm/Sun 10am _____ *** One Land/One Aqua Workout**
Mon 10:15am/Fri. 10:15am _____ *** Both Aqua Workouts**

Member: $285 Previous BL Member: $260
Non Member: $360 Previous Non BL Member: $310

Circle One: Visa Master Card Discover MAC

Cardholder Name: _____ Card #_____ Exp_____

For Office Use Only CEC# _____

Cash_____ Check#_____

Date Paid_____ Initials_____

Waiver of Liability: I, the named participant in the above program(s), hereby waive any claim of bodily injury or property damage against the Ephrata Recreation Center, its agents, servants, and/or employees while a participant in the above program(s). I understand and acknowledge that there are risks of injury in recreation activities.

Signature: _____