



Montville Recreation Department's **ZUMBA CLASSES**



WHO: Adults

WHAT: **ZUMBA** is an aerobic dance workout set to pulsating Latin music.
Wear Comfortable Clothing, Sneakers & Bring H2O!

WHERE: Just Dance Academy, 48 Route 46, Pine Brook (Next to Post Office)

WHEN:

SESSION	DAY & DATES	TIME	COST
1	Mondays: September 9, 16, 23, 30, October 7, 14, 21 & 28	9:30am to 10:30am	\$71.00—8 weeks
2	Tuesdays: September 3, 10, 17, 24, October 1, 8, 15, 22 & 29	6:00pm to 7:00pm	\$78.00—9 weeks
3	Thursdays: September 5, 12, 19, 26, October 3, 10, 17, 24 & 31	9:30am to 10:30am	\$78.00—9 weeks
4	Thursdays: September 5, 12, 19, 26, October 3, 10, 17, 24 & 31	7:00pm to 8:00pm	\$78.00—9 weeks
5	Saturdays: September 7, 14, 21, 28, October 5, 12, 19 & 26	8:00am to 9:00am	\$71.00—8 weeks

INSTRUCTOR: Miss Melissa Gould – www.justdanceacademynj.com

FEE: See Chart Above.

NOTE: There will be a \$20.00 processing fee for program refunds PRIOR to program start!

PAYABLE TO: Montville Recreation (located at 195 Change Bridge Road in Montville)

REGISTRATION PROCEDURES:

- In Person on the Rec Desk Kiosk (Check, Cash with No Fees and/or Credit Card with a 3% Fee)
- On-Line from Home (Echeck with 1% Fee OR Credit Card with 3% Fee)
- Payment Drop Box in Municipal Building's Parking Lot (Check Only...must have family page set up on Community Pass)
OR 4. Snail Mail (Check Only...must have family page set up on Community Pass)

For On-Line Registration !!! Go to the town's website at: <http://www.montvillenj.org/RecRegistration>

To Download Registration Forms go to: <http://www.montvillenj.org/RecFlyers>

****NOTE: If coming to the Rec Dept, you will register directly on the Kiosk at the Rec Desk. No need to fill out paperwork!**

CLASS SIZE IS LIMITED !!! FIRST COME, FIRST SERVE !!!

QUESTIONS ??? Call Recreation: (973) 331-3305 OR Visit our Website: www.montvillenj.org



LIKE us on FACEBOOK at: <https://www.facebook.com/Montvillerec/>



ZUMBA CLASSES - Fall 2019

Adult Participant _____ D/O/B _____ Age _____ Home Phone _____

Address _____ Town _____ Cell Phone _____

E-Mail/s (Please print clearly! Distinguish b/w letters & numbers!) _____

Emergency Name & Contact (Name/Relation/Phone #) _____

Known Medical Conditions/Allergies _____

Please list any special needs that you may have that will assist us in providing a successful experience:

CIRCLE SESSION CHOICE/S: 1 2 3 4 5

Please list any special needs that you may have that will assist us in providing a successful experience:

I understand that the Recreation Department DOES NOT provide accident insurance.

Participant Signature _____ Date _____

FOR OFFICE USE (7/31/19): Fee Paid _____ Cash _____ Check _____ Received By _____ Date _____ **PROGRAM # 822**