

2 PROGRAMS

• RHYTHMIC EXERCISES = RE

Energetic & Efficient
 Choreographed Exercise Routines
 to music to promote toning, flexibility
 and figure control.
 Special emphasis on hips, thighs,
 abdominal and gluteal muscles.
 Also promotes cardiovascular
 strengthening without jumping.

• CREATIVE CARDIOVASCULAR CONDITIONING - CCC

(Aerobic Dance - Rock, Jazz & Funk)

Choreographed dance routines to
 strengthen the heart and lungs and
 burn calories, promoting a feeling of
 mental and physical well-being.
 Bring indoor aerobic shoes.



LOCATION

• SHILLINGTON

201 W. LANCASTER AVE.
 (2nd floor above "201 WEST" Food & Spirits)

INSTRUCTORS

Sue Garlow
 Karen Ebbert
 Teri Hain
 Krystal King
 Jeri Reckley

**FITNESS IS NOT A FAD
 IT IS PREVENTATIVE MEDICINE**

2009 CLASS SCHEDULE:

TIMES	SHILLINGTON						
	M	T	W	Th	F	Sa	Su
8:00 AM						RE	
9:15 AM	CCC	RE	CCC	RE	RE	CCC	
1:15 PM							
4:30 PM							
5:30 PM	CCC	RE	CCC	RE			
6:45 PM	RE	CCC	RE	CCC			

10 WEEK SESSIONS BEGINNING: SEPT 8 & NOV 16, 2009 / JAN 25, APRIL 5 & JUNE 14, 2010

SHILLINGTON

Fee: (per 10 week session)

1 class per week.....\$80.00 (10 classes)
 2 classes per week.....\$100.00 (20 classes)
 3 classes per week.....\$110.00 (30 classes)
 4 classes per week.....\$120.00 (40 classes)
 5 or more.....\$130.00

10% Discount ages 65 and Over

- Extra classes may be taken "a-la-carte" at \$5.00 per class (*guest fee \$10.00 per class).
- Missed classes must be made up within 10 week session.
- Any classes with fewer than 16 registrants will be cancelled; any class with full registration will be closed.
- We advise a medical check-up before taking classes; we assume no responsibility for injuries.
- Tuition is non-refundable after session begins. Requests for refunds will be considered 7 days prior to session. All refunds are subject to a \$20.00 service fee.
- Bring large beach or bath towel; indoor aerobic shoes for CCC.
- No children please.

Please direct all
 phone calls and mail
 correspondence to
 our Shillington Studio
**(610)
 777-6075**

TO REGISTER, PLEASE MAIL THIS FORM WITH YOUR FEE TO:

Name: _____ Phone: _____

Address: _____

Please indicate the day(s), time(s) of your classes:

**RHYTHMIC EXERCISES
 P.O. BOX 402
 SHILLINGTON, PA 19607**

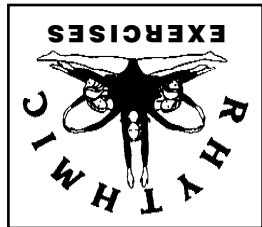
CHOICE OF CLASSES:

DAY(s)	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
TIME(s)							

Shillington _____

Amount enclosed \$ _____ (non-refundable)

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201 W. LANCASTER AVE.
SHILLINGTON, PA 19607



PLACE
STAMP
HERE