

Date: \_\_\_\_\_

\*Check appropriate box for time/instructor/class:

**TIME**

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 9:30 am  | <input type="checkbox"/> 12:30 pm |
| <input type="checkbox"/> 10:00 am | <input type="checkbox"/> 4:00 pm  |
| <input type="checkbox"/> 10:30 am | <input type="checkbox"/> 4:30 pm  |
|                                   | <input type="checkbox"/> 5:00 pm  |
|                                   | <input type="checkbox"/> 5:15 pm  |
|                                   | <input type="checkbox"/> 5:30 pm  |
|                                   | <input type="checkbox"/> 6:00 pm  |
|                                   | <input type="checkbox"/> 6:15 pm  |
|                                   | <input type="checkbox"/> 6:30 pm  |

**INSTRUCTOR**

- Dewana
- Don
- Jason
- Julia
- Melissa
- Sarah
- Tammy
- Other \_\_\_\_\_
- \_\_\_\_\_

**CLASS TYPE**

- |  |  |
|--|--|
| <input type="checkbox"/> Beginner Step/Cardio/Tone | <input type="checkbox"/> Pilates               |
| <input type="checkbox"/> Beginner Yoga             | <input type="checkbox"/> Silver Sneakers       |
| <input type="checkbox"/> Body Sculpt               | <input type="checkbox"/> Step Aerobics/Pilates |
| <input type="checkbox"/> Forever Fit               | <input type="checkbox"/> Turbo Jam/Gut & Butt  |
| <input type="checkbox"/> Girly Girl                | <input type="checkbox"/> Yoga                  |
| <input type="checkbox"/> Girly Girl/Zumba          | <input type="checkbox"/> Yoga/Pilates          |
| <input type="checkbox"/> Gut and Butt              | <input type="checkbox"/> Zumba                 |
| <input type="checkbox"/> Muay Thai Kickboxing      | <input type="checkbox"/> Other _____           |

**PARTICIPANTS**

- |          |          |
|----------|----------|
| 1 _____  | 14 _____ |
| 2 _____  | 15 _____ |
| 3 _____  | 16 _____ |
| 4 _____  | 17 _____ |
| 5 _____  | 18 _____ |
| 6 _____  | 19 _____ |
| 7 _____  | 20 _____ |
| 8 _____  | 21 _____ |
| 9 _____  | 22 _____ |
| 10 _____ | 23 _____ |
| 11 _____ | 24 _____ |
| 12 _____ | 25 _____ |
| 13 _____ | 26 _____ |

**CLEANING CHECKLIST**

 Complete these steps after each class and prior to if necessary.

- |  |   |
|--|---|
| <input type="checkbox"/> Exercise balls, mats, and equipment are put away. | <input type="checkbox"/> The entire floor has been dust mopped. |
| <input type="checkbox"/> Audio equipment is neat and tidy.                 | <input type="checkbox"/> Room temperature is reset to 68°.      |

 \_\_\_\_\_  
 Instructor's Signature