Illinois State University Wellness Program for Faculty & Staff
Spring 2008 Fitness Program Registration
Faculty/Staff/Family/Retiree Form
Spring Session January 14 – May 9, 2008

Name_____ Mail Code / Address_____
Phone – Office_____ Phone – Home _____
E-mail address_____(print)
CS_____ AP_____ Fac_____ Family_____ ISU Retiree_____ GA/ST_____ TON_____
Wellness Ambassador – ($5.00 off per semester) _____
Spring 2008 Fees are $50.00 for unlimited participation in all activities.

Payment Total $_____ Payroll Deduct _____ Check # _____ Cash _____
Please place a check mark ✓ next to the activities you will be attending.

Water Classes – Metcalf Pool ☐ **Aquacize** M W F 6:00 – 7:00 am ☐ **Aquacize** M W F 7:00 – 8:00 am ☐ **Aquacize** T R 12:30 – 1:30 pm ☐ **Aquacize** M W R 5:00 – 6:00 pm ☐ **Water Walking** M W F 4:00 – 5:00 pm	**Classes Held in McCormick** ☐ **Core Fitness/Core Cardio**: 5 – 6 pm M - R **103 (No R class 2nd 9 wks)** ☐ **Pilates**: T R **12:30 – 1:15 pm 103/206** ☐ **Yoga**: M W F 12:00 – 1:00 pm **103** ☐ **Yoga** : Sat. 9:00 – 10:15 am **103**
Lap Swim - McCormick Pool ☐ M T R 5:45 – 7:30 am ☐ M - F 12:00 – 1:55 pm	**Classes Held in Metcalf 139** **Yoga** T R 5:15 – 6:30 pm (Tues/Power) ***T'ai Chi will return Fall 2008.**
Weight Room – Horton 102 ☐ M - F 12:00 – 2:00 pm ☐ M W 4:00 - 5:30 pm	**Fitness Lab - Horton 319** ☐ M – F 12:00 – 1:30 pm ☐ T R 4:00 – 5:30 pm

No Fee for Faculty/Staff/Family/Retirees/Students of ISU
☐ Table Tennis: M W 12:00 – 1:00 pm/Saturday 8:00 – 11:00 pm – McCormick 206
☐ Badminton: Friday 8:15 – 11:00 pm/Sunday 1:30 – 5:30 pm-McCormick 205/206
☐ Soccer: Friday 3:30 – 5:30 pm McCormick 206
☐ Soccer: Saturday 9:30 am – 12:00 pm – McCormick 205

Contact Nikki Brauer at 438-8845 with questions. Mail to: 1300 Wellness Program, Normal, IL 61790-1300

Illinois State University Wellness Program
Payroll Deduct Authorization for Fitness Program Fees

Name (print)_____ University ID # _____

I hereby authorize Illinois State University to deduct $_____._____ from each of my payroll checks.

This will terminate when a total of $_____.____ is reached. The total deduction is completed By April 30, 2008.

Signature _____ Date _____

I am paid (check one) _____Hourly _____Monthly _____Exempt Semi-Monthly
ISU Element 082