



Please fill out for each venue, and email to:

[lindsay.baxter@tivityhealth.com](mailto:lindsay.baxter@tivityhealth.com)

INSTRUCTOR NAME:

VENUE INFORMATION						
Venue Name						
Venue Address						
Venue City						
Venue State						
Venue Zip						
Venue Contact Name						
Venue Contact Phone						
Venue Contact Email						
Venue Room Capacity						
Public or Private Venue						
Venue Type						
CLASS INFORMATION						
Select (only one) Class Type to Teach	Class Type:					
	SilverSneakers MSROM					
	SilverSneakers Cardio Circuit					
	SilverSneakers CardioFit					
	SilverSneakers Yoga Stretch					
	SilverSneakers – Silver Splash					
	Yoga					
	Pilates					
	Zumba					
	Zumba Gold					
	Tai Chi/Qigong					
	Walking					
	Pole Walking					
	Aqua Fitness					
	Strength					
	Cardio					
	Circuit/Interval Training					
	Boot Camp					
	Strength and Balance					
	Cardio and Strength					
	Indoor Cycling (Spinning)					
	Chair Aerobics					
	Chair Yoga					
	Dance – List type here: _____					
Class Start Date						
Class Days/Times:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday