

# ZUMBA CLASSES

Sponsored by New Hope Parks & Recreation

This cutting-edge, high energy fitness system combines unique body sculpting and dance steps with latin and international music. Great for the body and mind. Athletic footwear required. *Registration deadline is one week prior to the session.*

320303-A Tuesdays, January 2-30  
320303-B Tuesdays, February 6-March 6  
320303-C Tuesdays, March 12-April 9  
6:30-7:30 p.m.

**Location:** Crystal Community Center, 4800 Douglas Drive

**Fee:** \$35 Residents of New Hope and Crystal  
\$42 Nonresidents  
\$91 All three sessions residents of New Hope  
and Crystal  
\$98 Nonresidents

**REGISTER WITH:** New Hope Parks & Recreation  
4401 Xylon Avenue North  
New Hope, MN 55428  
763-531-5151



Refunds, program credits and transfers are allowed up to one week prior to the start of the class. In the event of illness or injury, refunds may be given when accompanied by a doctor's written verification. All refunds are subject to a \$5 service fee. Confirmations are not sent. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Phone registrations accepted with a major credit card. **Questions?** Call 763-531-5151.

**Online Registration!** Go to [webtrac.nhrecexpress.com](http://webtrac.nhrecexpress.com).



[facebook.com/newhoperecreation](https://facebook.com/newhoperecreation)

## Adult Zumba - Winter 2024

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Special Need? \_\_\_\_\_

Course \_\_\_\_\_ Dates \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

*I, the undersigned parent, guardian or adult participant, authorize the City of New Hope to disclose to the City's insurer, attorney, staff, coaches, and other personnel involved in this program, the participant's name, address and telephone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I hereby agree to allow the individual named herein to participate in the aforementioned activity, and further agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the program to be used by the City for promotional materials.*

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Am Ex/Discover/MC/Visa # \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_