

# DROP 10 IN 10 REGISTRATION FORM

DATE: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: male/female

Please circle which class you would like to attend:

Saturdays, September 11 – November 13, 2010 10:00 – 11:00 a.m.

Tuesdays, September 14 – November 16, 2010 6:30 – 7:30 p.m.

Highmark Members (Please circle your program)

Security Blue  
Medigap Blue  
Classic Blue  
Direct Blue

PPO Blue  
Select Blue  
Complete Care  
Other Highmark

Keystone Blue  
Freedom Blue  
Preferred Blue

HIGHMARK MEMBER ID NUMBER: \_\_\_\_\_

(Located on the front of your Highmark Card)

HIGHMARK GROUP NUMBER: \_\_\_\_\_

(Located on the front of your Highmark Card)

**IF YOU ARE NOT COVERED BY HIGHMARK OR ARE NOT A YMCA MEMBER, YOU ARE STILL ELIGIBLE TO PARTICIPATE. SEE FEES ON THE OTHER SIDE OF THIS REGISTRATION FORM.**