AFLCA GROUP EXERCISE COURSE ROSTER

Course Reference Number: _____ **Dates:** _____

Location/Agency: _____

Trainer(s): _____

Course Type: **(please check one)**

☐ **Group Exercise Fundamentals**
☐ **Choreography** ☐ **Cycle** ☐ **Step**
☐ **Portable Equipment** ☐ **Mind/Body**

The information collected on this form will be used for administration within the AFLCA Office.

PARTICIPANT LIST: (please print clearly)

Name	Address & City	Postal Code	Phone # (with area code)	Email

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