

# Fitness Fridays Registration Form

First Friday of the Month Starting 3/3



Individual's Name: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Individuals' Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Individual's Primary/Secondary Disability: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

**COST:**  
FREE for eligible  
participants

Please indicate the **month(s)** your Participant is interested in attending Self-Care Spa Days.  
Operating on the first Friday of every month from 4:00pm-7:00pm at 4 Strathmore Rd. Natick MA  
01790.

March 3rd _____	April 7th _____
May 5th _____	June 2nd _____
July 7th _____	August 4th _____
September 1st _____	October 6th _____
November 3rd _____	December 1st _____

We will do our best to accommodate your loved one. However, depending on the number of participants, we cannot guarantee that we can offer you all your requested days or staffing requests.

**Please contact Kirsten Fetter at [Kfetter@CharlesRiverCenter.org](mailto:Kfetter@CharlesRiverCenter.org) with any questions.**