



IUPUC

Total Fitness of Columbus Enrollment Form

Date: _____

Company Name: _____

Name: _____

ID: _____ Phone #: _____

Address: _____

City: _____ Zip: _____

Type of Membership: _____

Price of Membership: _____

Emergency Contact: _____

Emergency Phone: _____

Signed: _____

This completed form, along with a printed schedule of your classes for the current semester, should be taken to Total Fitness at the time of your enrollment.

Don't forget your free gift! After you enroll at Total Fitness, contact Kylie Weichman at kyweichm@iupuc.edu to get your free gym bag.