

Fitness Center Discount Agreement



Name of Gym: _____

Web address: _____

Specify location if more than one: _____

Contact Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Standard membership fee: _____

Discounted membership fee offered to BCPS employees: _____

Other special offers to BCPS employees (free trial membership, waved/lower enrollment fees...): _____

Special programs you would like to highlight (we will include if space available): _____

I understand that the above discounts will be offered to all Baltimore County Public School employees effective August 1, 2012 through July 30, 2013.

Printed Name

Title

Signature

Date

This completed form needs to be returned by June 15, 2012 to
Baltimore County Public Schools, Attn Jenny Ward
9610 Pulaski Park Drive, Suite 219
Baltimore MD 21220

Any questions, please call 410-887-6397.