



Where are classes offered? ▾

Instructor Registry for instructors teaching Geri-Fit® and Golf-Fit®

Full Name: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: \_\_\_\_\_
Email Address: \_\_\_\_\_

Days Preferred:
Monday & Wednesday
Tuesday & Thursday
Monday & Thursday
Wednesday & Friday
Tuesday & Friday
Saturdays
Sundays

Times Preferred Mornings: \_\_\_\_\_
(your best hours to teach): Afternoons: \_\_\_\_\_
Evenings: \_\_\_\_\_

List three cities where you would like to teach class, or the location(s) where you will be teaching: \_\_\_\_\_

Yes No Have you ever taught an exercise class before?
If yes, where: \_\_\_\_\_
Yes No Do you have any present exercise instructor certifications?
If so, which one(s) - Organization / Exp. Date: \_\_\_\_\_
Yes No Are you registering on behalf of a licensed organization?
If yes, where: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Submit Application



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