

## **FREE CLASS PASS**



[www.momsmuscle.com](http://www.momsmuscle.com)

**Contact us at: 508-208-2997 or [information@momsmuscle.com](mailto:information@momsmuscle.com)**

**This entitles you to one free class with Moms with Muscle, LLC. Complete and present this pass to your instructor at the beginning of class. (Please bring a towel or yoga mat with you to class)**

**For first-time use only & cannot be used by existing or previous members.**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Town:** \_\_\_\_\_

**Please consult your physician before beginning this or any other fitness program.**

**X** \_\_\_\_\_

**Date:** \_\_\_\_\_