



Please sign-up my classroom for *Fit As A Pro!*

PLEASE PRINT

TEACHER'S NAME: _____

SCHOOL: _____

MAILING ADDRESS: _____

CITY/ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

GRADE: _____

NUMBER OF STUDENTS: _____

Please return forms via fax (216.420.2010) or mail, attention Ryan Polosky, *Fit As A Pro*, One Center Court, Cleveland, OH 44115. Deadline is September 21, 2007.



MEDICAL MUTUAL OF OHIO