



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CULTIVATE A NEW YOU

MIND FOCUSED

BODY IMAGE

SPIRIT NURTURING

September 11 – November 13

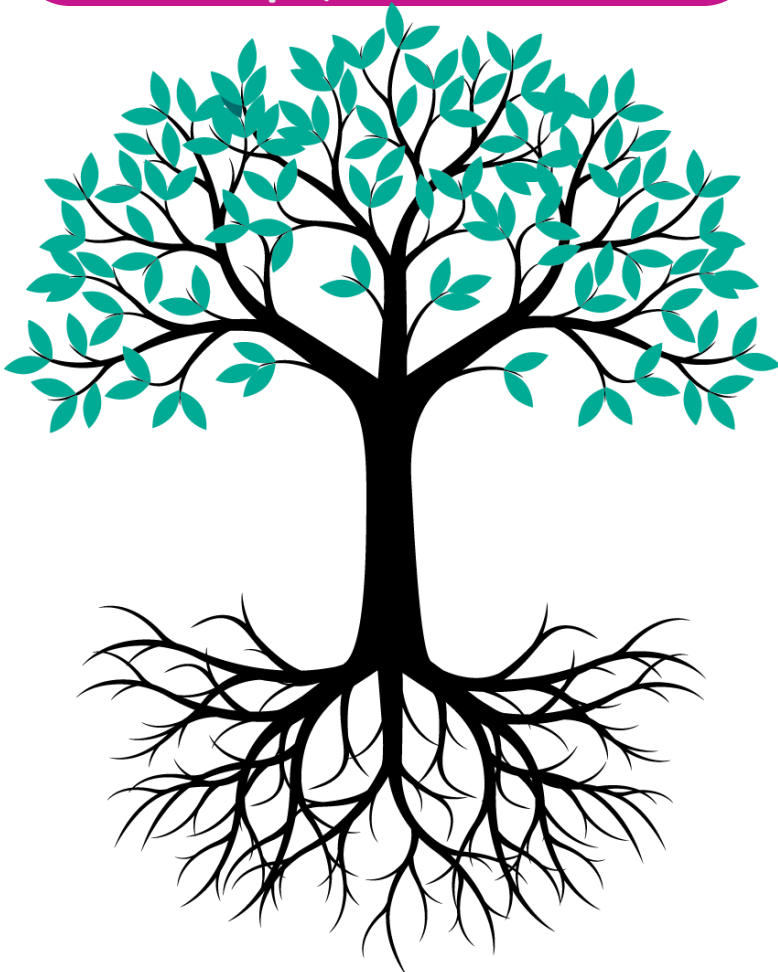
Informational Gathering

Wednesday, August 21, 2019

6:30 p.m. Downtown, Boardroom

Thursday, August 22, 2019

6:00pm, Kerasotes MPR



What is Cultivate a New You?

Cultivate a New You is an 12-week course that will guide you into a path of wellness where you create positive changes inside and out. In this program you will strengthen your mind, body, and soul. As you grow in each of these areas, you will cultivate long term habits that will result in a balanced life.

WHEN: Program begins the week of September 9

LOCATION: DOWNTOWN YMCA AND KERASOTES YMCA

COACHES: Julie, Every Wednesday at 6:30 p.m. Downtown

Jessica, Every Thursday at 6:00 p.m. Kerasotes

CONTACT: Cindy Jordan Association Director of Health and Wellness. 217.679.1625 ext. 183

CULTIVATE PROGRAM PROVIDES:

- Daily guidance for growth
- A customized journal for you to plant your roots
- Support and accountability
- Progressive workouts with Myzone heart rate monitor system
- Self Awareness
- Access to a private Facebook community for support



CULTIVATE A NEW YOU Registration and fees

Early Bird Registration (Members Only)

Now through August 27

Members \$165.00 _____

Member Registration August 28

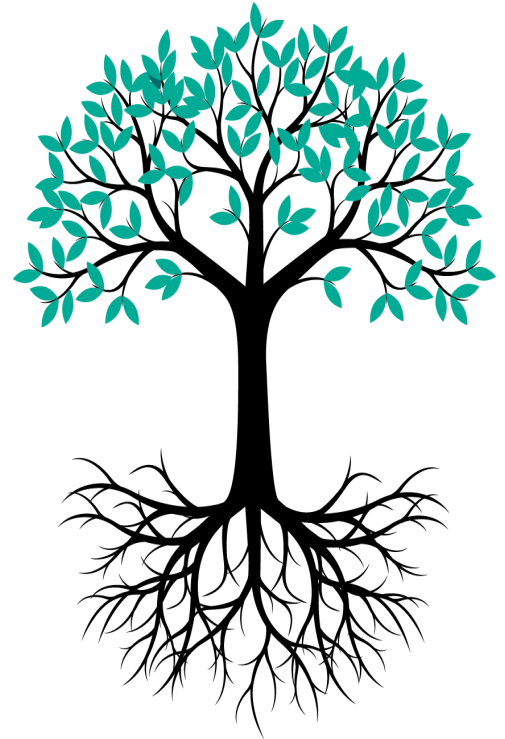
Members \$180 .00 _____

Public Registration starts August 28

Non Member \$265.00 _____
gives you full access to the YMCA

Fitness portion of this program is design to use a Myzone Heart Rate Monitor System.

All Participants are encourage to purchase a myzone belt.



add a Myzone Belt Member fee \$80.00 _____

add a Myzone Belt Public fee \$129.00 _____



Name _____ Birth Date ____/____/____

Address _____ City _____ State _____ Zip _____

Home # _____ Cell # _____ Email _____

I would like to make a gift to help a child participate in YMCA programs. I am adding \$_____ to my registration for the YMCA Strong Kids Scholarship Fund. All gifts are tax deductible.

I hereby register for Cultivate A New You. I allow the YMCA to seek emergency care for me if required. I also grant the YMCA permission to use photographs of me in promotional material such as brochures, ads, websites, or newspaper releases. I will not be informed or reimbursed for such photographs.

Signature _____ Date _____

VISIT THE YMCA OF SPRINGFIELD AT

WWW.SPRINGFIELDYMCA.ORG

Office Use Only: Branch 1 or 2
Date _____ Amount _____ Staff _____
Cash _____ Check# _____
Branch SE19