



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

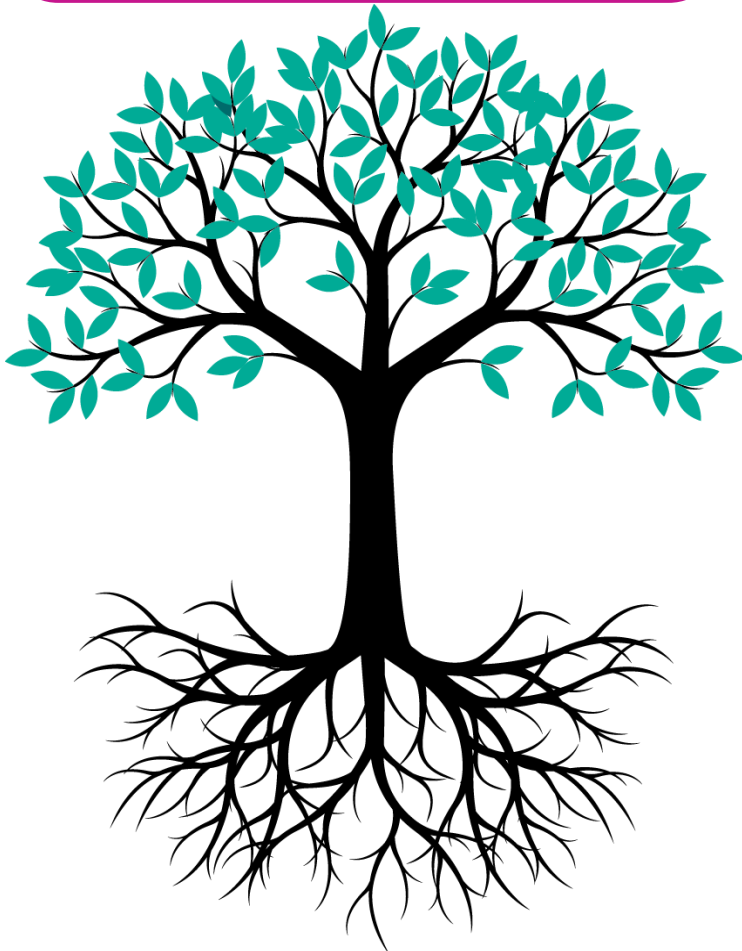
CULTIVATE A NEW YOU

MIND FOCUSED

BODY IMAGE

SPIRIT

Informational Gathering
Wednesday, January 15, 2020
6:30 p.m. Downtown, LPC
Tuesday, January 16, 2020
6:30pm, 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 January 19

LOCATION: DOWNTOWN YMCA AND KERASOTES YMCA

COACHES: Julie, Every Sunday at 3:00pm Downtown

Jessica, Every Tuesday at 6:45 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 January 16

Members \$165.00 _____

After January 16 members pay

Members \$180 .00 _____

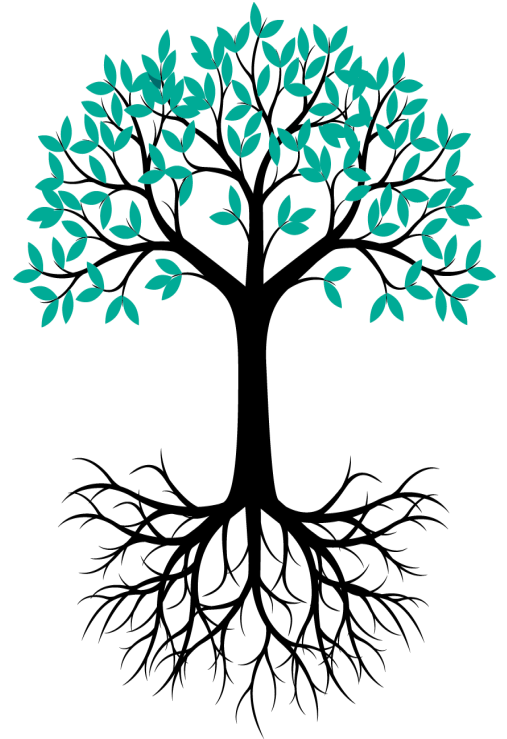
Public Registration starts January 2

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

Fitness portion of this program is designed to use a Myzone Heart Rate Monitor System.
All Participants are encouraged to purchase a myzone belt.

add a Myzone Belt Member fee \$80.00 _____

add a Myzone Belt Public fee \$139.00 _____



myzone™

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 SE20