

# The 6<sup>th</sup> Annual Long Street Tour



## EXERCISE CLASS REGISTRATION FORM

**Saturday, September 4, 2010**

**Registration: 10:00 am**

**Class One: 10:30 am**

**Class Two: 11:30 am**

**Class Three: 12:30 pm**

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

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

**I would like to register for:**

\_\_\_\_\_ **10:30 am**    \_\_\_\_\_ **11:30 am**    \_\_\_\_\_ **12:30 pm**

**I would also like to order a \$5.00 food band that gives me access to the hospitality area for refreshments.**

\_\_\_\_\_ **# of bands X \$5.00 = \$**\_\_\_\_\_

**Please include check or money order made payable to LSBA and mail to Long Street Business Association, Inc., 823½ East Long Street, Suite 200 \* Columbus, Ohio 43203. For more information call 614-251-6038 or visit [www.longstreettour.com](http://www.longstreettour.com).**