



Sports + Dance Rehab | Physical Therapy

MOVELAB  
REGISTRATION FORM

Company Information:

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Website: (if any) \_\_\_\_\_ Years in business: \_\_\_\_\_

Primary Contact Information:

This person is responsible for payment, supplying liability insurance and accountable for the state of the MoveLab during and after usage.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ License: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Days and Times Requested:

MoveLab hours of operation:

**Monday, Wednesday, Friday:** 7 am – 4 pm **Tuesday and Thursday:** 1 pm – 8 pm **Saturday:** 9 am – 4 pm

**Sunday:** Available upon request

Please refer to the above hours of operation when selecting requested days and times. Please keep in mind all days and times requested are first come first serve. Please select alternative days and times if first choice is unavailable.

Please select all applicable days: (1<sup>st</sup> choice)

Monday  Tuesday  Wednesday  Thursday  Saturday

Please select all applicable times (must be booked in **one hour** increments):

7 am – 8 am  8 am – 9 am  9 am – 10 am  10 am – 11 am  11 am – 12 pm  12 pm – 1 pm  1 pm – 2 pm  
 2 pm – 3 pm  3 pm – 4 pm  4 pm – 5 pm  5 pm – 6 pm  6 pm – 7 pm  7 pm – 8 pm

Comments/Details:

**Please select all applicable days: (2<sup>nd</sup> choice)**

Monday     Tuesday     Wednesday     Thursday     Saturday

**Please select all applicable times (must be booked in *one hour* increments):**

7 am – 8 am     8 am – 9 am     9 am – 10 am     10 am – 11 am     11 am – 12 pm     12 pm – 1 pm     1 pm – 2 pm  
 2 pm – 3 pm     3 pm – 4 pm     4 pm – 5 pm     5 pm – 6 pm     6 pm – 7 pm     7 pm – 8 pm

Comments/Details:

**Please select all applicable days: (3<sup>rd</sup> choice)**

Monday     Tuesday     Wednesday     Thursday     Saturday

**Please select all applicable times (must be booked in *one hour* increments):**

7 am – 8 am     8 am – 9 am     9 am – 10 am     10 am – 11 am     11 am – 12 pm     12 pm – 1 pm     1 pm – 2 pm  
 2 pm – 3 pm     3 pm – 4 pm     4 pm – 5 pm     5 pm – 6 pm     6 pm – 7 pm     7 pm – 8 pm

Comments/Details:

**Check here**, if requested days and times are recurring (*please select below*):

Daily     Weekly     Bi-Weekly     Monthly     Bi-Monthly

Please explain:

**Type of Service:**

(**4 students** max for fitness classes and **8 students** max for a seated workshops/presentations)

Class Size:

Class Description:

Details/comments:

Please be sure to familiarize yourself with all [rules](#) pertaining to the MoveLab before usage. The primary contact is solely responsible for the state of the MoveLab during and after usage. Please make sure to attach a copy of liability insurance, license, and any and all certifications. Payment is due upon approval of the usage of the MoveLab and days and times selected are available.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

By signing above, I understand and acknowledge that I am responsible for the MoveLab and those participating while under my watch during my day and time requested. I will familiarize myself with all rules pertaining to the MoveLab and will make sure to communicate said rules to my participants.