COMMUNITY HEALTHCARE SYSTEM®
Community Hospital
Fitness Pointe®
9950 Calumet Avenue, Munster, IN 46321
Phone: 219-924-5348 | Fax: 219-924-8581

FIT TRIP Application

Name of School: _____

Grade: _____

Address: _____

City: _____

Part 1

Name of contact teacher: _____

Teacher's email: _____

FIT TRIP is offered in the months of February, March, April and May.

Please indicate your first and second choice dates.

1st Choice: _____

2nd Choice: _____

Part 2

For safety reasons, Fitness Pointe allows a maximum of 100 students per field trip date.

Total number of classes: _____

Total number of students attending: _____

Total number of chaperones attending: _____

Part 3

NUTRITIONAL SNACK OPTION

☐ YES, we want students and chaperones to enjoy a nutritional snack for $3 each and participate in nutritional education.

☐ No thanks, we only want students to participate in nutritional education.

Snack Fee: Due two weeks prior to the scheduled FIT TRIP.

Please forward your application to Patty Grill, via fax 219-924-8581 or email Patricia.Grill@comhs.org

You will receive a confirmation letter with the scheduled date of your FIT TRIP.
All students must complete a brief medical history and waiver prior to participating.

For Office Use

_____ Approved

_____ Not Approved

_____ Initials _____ Date