



Parkinson's Awareness Group of Clayton County

Fitness Center Grant Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Health Information

Date of Parkinson's Diagnosis: _____

Fitness Center Information

Fitness Center Name: _____ Phone #: _____

Fitness Center Address: _____

Membership Term Length (Ex: 10/1/19 to 9/30/20): _____

Cost of Above Term: _____ *Please attach receipt or documentation from fitness center.

If a caregiver/spouse/etc. will be accompanying you to the fitness center and is interested in a membership as well, list their name: _____

Any other information: _____

Signature: _____ Date: _____

By submitting this form, you certify all information submitted is true.

Please mail this completed form to: Janet Hefel - 41034 Great River Rd. Holy Cross, IA 52053

We will contact you within 1-2 weeks of receiving this application.
Please call Janet at 563-252-3518 with any questions. Thank you!