



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FITNESS REP: \_\_\_\_\_

465 SALEM STREET,  
MEDFORD  
781-391-1280

**3 DAY  
PASS**

10 BROADWAY,  
WAKEFIELD  
781-246-2252

ONE TIME USE ONLY.  
MUST BE 18 YRS OF AGE  
WITH ID TO ENTER FACILITY.

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