



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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