

REGISTRATION FORM: (please mail in or fax to 479-444-3381)

Name: _____ Phone: _____

Address: _____ Email: _____

Date are you interested in: _____ May 6th _____ May 13th _____ May 20th
 _____ May 27th _____ June 3rd _____ June 10th _____ All 6 Saturdays

Price: _____ \$25 x _____ = \$_____ or _____ all 6 events \$100

Preferred form of payment: _____ Check (enclosed) _____ cash at event
 _____ credit card (in advance or day of)

Card #: _____

Expiration Date: _____ Code on back: _____

Shirt size: _____ Small _____ Medium _____ Large
 _____ X-large _____ Other (please specify and note that other sizes are not
 guaranteed) _____

Signature & Date: _____

For additional information or to register over the phone, contact Brittney Gulley at
 479-444-6033 or bgulley@welcomehealthnwa.org.

