Registration Form

Name: ___________________
Address: ___________________
Phone (work): __________
Phone (home): __________
Email: ___________________

Enclose payment of $XX.
Make checks payable to: Name here

Mail this form to: Address here

Questions? Call: Name and phone here

Instructors/Facilitators

Names and titles here

A New You
Health for Every Body

SAMPLE
Ten-week class
Tuesdays Noon – 1:00 pm
November 25
Through
February 8

Registration Deadline
November 14

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