

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



*Insert
your logo*



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www.uwyo.edu/wintherockies

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