



Registration Form

(One per family)

PLEASE PRINT

Name: _____

Address: Street _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Names of people in your family who are participating in the program:

_____	_____
_____	_____
_____	_____

Where did you hear about this program?

Where did you sign up for this program?

Would you like emails sent to you with program information, healthy tips and recipes?

Yes No

*Complete this form and return it by fax to 801-468-2350 or mail it to:

Salt Lake Valley Health Department

Bureau of Health Promotion

Melissa Vituj

2001 South State Street Suite S2400

Salt Lake City, UT 84190

For more information please visit our website at

www.slvhealth.org or call 801-468-2699.

