

# Registration Form



## **Instructions:**

Please complete this application only if you prefer to pay the registration fee by check rather than credit/debit card. Please make additional copies of this form if registering more than 4 people, as we must receive complete ticket information for each participant. Checks may be made payable to "Verdant Health Commission." Deadline to receive registration forms is April 2, 2012. All credit/debit card payments are being processed through our online registration system at [www.verdanthealth.org](http://www.verdanthealth.org).

## **Pricing Information:**

Each ticket costs \$49 for this program, however the value of the biometric screenings alone is \$100. Scholarships are available. For groups of 10 or more, please contact the Verdant Health Commission for special pricing.

## **Mailing Information:**

Mail completed registration forms along with payment to:

Verdant Health Commission  
PO Box 2606  
Lynnwood, WA 98036

## **Questions?**

All information regarding 6 Weeks to a Healthier You is available at [www.verdanthealth.org](http://www.verdanthealth.org). If you have questions about the registration form, you may contact the Verdant Health at 425-582-8600 or [jennifer.piplic@verdanthealth.org](mailto:jennifer.piplic@verdanthealth.org).

|                            |        |           |
|----------------------------|--------|-----------|
| <b>Ticket #1</b>           |        |           |
|                            |        |           |
| <b>Contact Information</b> |        |           |
| Name:                      |        |           |
| Street Address:            |        |           |
| City:                      | State: | Zip Code: |
| Email:                     |        |           |
| Phone:                     |        |           |

|                              |
|------------------------------|
| <b>Other Information</b>     |
| Employer Name (if employed): |

### Childcare

1. Childcare will be offered free of charge thanks to the YMCA of Snohomish County and the Dale Turner Family YMCA. Will you require childcare services for any of the sessions? (Note: If you are registering your spouse/partner, please only account for your children once on this registration form.):

- ☐ Yes  
☐ No

2. If yes, how many children?

\_\_\_\_\_

3. What ages are the children? Please check all that apply, and indicate if you have more than one child in a single category. Your response to this question will help ensure we have enough space and staff to supervise all children in attendance.

- ☐ Younger than 1 year old  
☐ 1 year old  
☐ 2 years old  
☐ 3 years old  
☐ 4 years old  
☐ 5 years old  
☐ 6 years old  
☐ 7 years old  
☐ 8 years old  
☐ 9 years old  
☐ 10 years old  
☐ 11 years old  
☐ 12 years old

**Ticket #2****Contact Information**

Name:

Street Address:

City:

State:

Zip Code:

Email:

Phone:

**Other Information**

Employer Name (if employed):

**Childcare**

1. Childcare will be offered free of charge thanks to the YMCA of Snohomish County and the Dale Turner Family YMCA. Will you require childcare services for any of the sessions? (Note: If you are registering your spouse/partner, please only account for your children once on this registration form.):

☐ Yes☐ No

2. If yes, how many children?

---

3. What ages are the children? Please check all that apply, and indicate if you have more than one child in a single category. Your response to this question will help ensure we have enough space and staff to supervise all children in attendance.

☐ Younger than 1 year old☐ 1 year old☐ 2 years old☐ 3 years old☐ 4 years old☐ 5 years old☐ 6 years old☐ 7 years old☐ 8 years old☐ 9 years old☐ 10 years old☐ 11 years old☐ 12 years old

**Ticket #3****Contact Information**

Name:

Street Address:

City:

State:

Zip Code:

Email:

Phone:

**Other Information**

Employer Name (if employed):

**Childcare**

1. Childcare will be offered free of charge thanks to the YMCA of Snohomish County and the Dale Turner Family YMCA. Will you require childcare services for any of the sessions? (Note: If you are registering your spouse/partner, please only account for your children once on this registration form.):

☐ Yes☐ No

2. If yes, how many children?

---

3. What ages are the children? Please check all that apply, and indicate if you have more than one child in a single category. Your response to this question will help ensure we have enough space and staff to supervise all children in attendance.

☐ Younger than 1 year old☐ 1 year old☐ 2 years old☐ 3 years old☐ 4 years old☐ 5 years old☐ 6 years old☐ 7 years old☐ 8 years old☐ 9 years old☐ 10 years old☐ 11 years old☐ 12 years old

**Ticket #4****Contact Information**

Name:

Street Address:

City:

State:

Zip Code:

Email:

Phone:

**Other Information**

Employer Name (if employed):

**Childcare**

1. Childcare will be offered free of charge thanks to the YMCA of Snohomish County and the Dale Turner Family YMCA. Will you require childcare services for any of the sessions? (Note: If you are registering your spouse/partner, please only account for your children once on this registration form.):

☐ Yes☐ No

2. If yes, how many children?

---

3. What ages are the children? Please check all that apply, and indicate if you have more than one child in a single category. Your response to this question will help ensure we have enough space and staff to supervise all children in attendance.

☐ Younger than 1 year old☐ 1 year old☐ 2 years old☐ 3 years old☐ 4 years old☐ 5 years old☐ 6 years old☐ 7 years old☐ 8 years old☐ 9 years old☐ 10 years old☐ 11 years old☐ 12 years old