



## 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 March 30, 2014. All credit/debit card payments are being processed through our online registration system at [verdanthealth.org](http://verdanthealth.org).

### Pricing Information:

Each ticket costs \$49 for this program. 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 [verdanthealth.org](http://verdanthealth.org). If you have questions about the registration form, you may contact the Verdant Health Commission 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, the Dale Turner Family YMCA and the Edmonds Boys & Girls Club. 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

<b>Ticket #2</b>		
<b>Contact Information</b>		
Name:		
Street Address:		
City:	State:	Zip Code:
Email:		
Phone:		

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

**Childcare**

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- Yes
- No

2. If yes, how many children?

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- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old

<b>Ticket #3</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, the Dale Turner Family YMCA and the Edmonds Boys & Girls Club. 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

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- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old

<b>Ticket #4</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, the Dale Turner Family YMCA and the Edmonds Boys & Girls Club. 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.

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