## **BFIT'S SPRING PROGRAM REGISTRATION FORM APRIL 2019**

Name				
Address				
City		Sta	te	Zip Code
Phone		E-Mail_		
Date of Birth		Est. Weigh	nt	Height
Employer:	Phone(	W) e-m	nail(W):	
Which name or initials w	ould you like to us	e for our weekly publish	ed weigh-ii	ns
Program and Cost: 0 \$275.00 BFit's Bigges \$99.00 BFit's Online I \$175.00 BFit Live Wo	Circle One st Loser or 2 Pa Biggest Loser o	nyments of \$140.00- or 2 Payments of \$5	unless o	Friday's 6:00 – 7:00 PM
Payment Type (circle o	-	Check		edit Card
Credit Card Co. (circle	one): Visa	Master Card	Disc	cover
Cardholder Name:				
		Exp_		
Signature				Date:
				uary 30 for my second paymen
				nd Date:
•		ake checks payable		
For Office Use Only		nount Paid: \$		
Cash (	Check#	Credit Card	Da	ate Paid
Initials				