

## Registration Form

*Please include me in the eight-week nutrition course.*

*Class Time and Dates:*

7:00–8:15 P.M., eight Mondays,

July 11–August 29, 2017.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

email \_\_\_\_\_

Amount enclosed: \$ \_\_\_\_\_

*Mail with \$25 deposit or full payment of \$120 by July 6, 2017 to:*

Robert Chuckrow  
38 Linden Avenue  
Ossining, NY 10562

Please make checks payable to Robert Chuckrow,  
and write *Nutrition Course* in the memo line.