

WELLNESS PROGRAM APPLICATION

Last Name **First Name** **MI**

Street Address **Apt #** **PO Box**

City **State/Zip Code**

Name Preference for Name Tag: _____

Dates You Plan To Attend: _____

Phone:
H _____ **W** _____ **Cell** _____

E-mail address: _____

How will you be traveling to BHHEC? _____

Shared Room (only if a family member or friend is coming with you) _____

Single Room _____

Bathroom preference? Bathtub _____ **Shower** _____

Are any non-participating people coming with you? Yes No (circle one)

Reason for coming: _____

What are your expectations for this program? _____

How did you hear about our program? _____

Please include a \$100 deposit to secure your room.