



## Fitness by Dot

Workshop Date: \_\_\_\_\_ Workshop Name: \_\_\_\_\_

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### Registration

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**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **phone#:** \_\_\_\_\_

**How did you hear about this workshop?** \_\_\_\_\_

\_\_\_\_\_

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