



Date: _____

Personal Enrollment Form

Goal: 30 minutes of exercise 3 times a week

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Interest in being a volunteer: _____

Check with your physician before starting any exercise program.

Mail to: Get Healthy DeSoto
Attn: D. Campbell
431 Johnston Dr.
DeSoto, Mo. 63020



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