

Registration Form

Name

Address

City

State

ZIP

Home Phone

Work Phone

Date of Birth

Sex

Course Name	Location	Class Date(s)	Class Time	Fee

* Make check payable to St. John's Mercy. All refunds must be requested within 30 days of the start of the class.

Please indicate any special needs you may have:

Release of Liability

I hereby waive any and all claims for damage, personal injury or property damage I might now or in the future have against the instructor, St. John's Mercy, its affiliates, agents or representatives that may directly or indirectly result from my participation in a wellness class and hold each of them blameless.

Signature

If you have a friend who would like to receive this mailing, please include his or her mailing address:

Name

Address

City

State

ZIP

Please send registration form and payment to:

St. John's Mercy Center for New Health Options

1176 Town and Country Commons • Chesterfield, MO 63017

Attn: Wellness Classes

Phone: 636-207-2200 or 800-207-2657 Fax: 636-207-2201