

Registration Form

ONE MILLION STEPS TO HEALTH CHALLENGE 2.0

10 K STEPS A DAY

Referred by: _____

PARTICIPANT INFORMATION

Name (last, first, middle) _____

Mr. _____ Mrs. _____ Miss. _____

Marital status: Single _____ Married _____ Divorced _____ Sep _____ Wid _____

Date of Birth: _____ Sex: M _____ F _____

Street Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cellphone: (____) _____

Occupation: _____

Email Address: _____

Primary Physician: _____

List any medical conditions _____

The above information is true to the best of my knowledge. I understand that I am financially responsible for any entrance free to join the Bahamas Retina & Eye Care Services ONE MILLION STEPS TO HEALTH Challenge.

Participant Signature: _____ Date: _____



BRECS

BAHAMAS RETINA &
EYE CARE SERVICES

