

Get F.I.T. with CMC

April 3, 2007 – May 29, 2007

Registration

Name: _____

Address: _____

E-mail: _____

Telephone: _____ T-shirt size: _____

\$10 Fee (make check payable to Community Medical Center) Enclosed _____

Please mail to: Community Medical Center
Attn: Doris Erickson, Community Education Coordinator
2307 Barada Street
Falls City, NE 68355

Or bring to the CMC Business Office
Please register by March 29, 2007

Individuals interested in participating in this program or any health, fitness or diet plan should consult with their healthcare provider first.