

Registration Form

Please reserve a place for me in the eight-week nutrition course.

Class Time and Dates:

7:00–8:15 P.M., eight Thursdays,

September 14–November 2, 2017.

Name _____

Address _____

City/State/Zip _____

Day Phone _____

Cell Phone _____

Evening Phone _____

email _____

Mail with \$25 deposit by September 7, 2017 to:

Robert Chuckrow
38 Linden Avenue
Ossining, NY 10562

Please make checks payable to Robert Chuckrow,
and write *Nutrition Course* in the memo line.

Note: Deposit will be refunded if the class doesn't run.