



Enrollment Form

Note: The following information will not be shared with anyone other than the Move More staff.

(Please print clearly.)

1. Name: _____

2. Organization (if applicable): _____

Contact information (work or home, whichever you most prefer to receive mailings)

3. Phone: _____

4. Address: _____

5. E-mail: _____

Would you like to receive weekly tips? YES

6. What year were you born? _____

7. What is your height? _____

8. What is your weight? _____

How did you hear about Move More? _____

As a participant in the *Move More program, you may be asked to complete a survey. Participation in the survey is voluntary and will help us improve the Move More program.

Please complete and return this form to your organizations Mover. Or you may fax this form to 861-5277 or mail the form to:

Move More Program
Prevention Center
30 Chase Avenue
Waterville, ME 04901

*Any person choosing to be involved in this program does so at his or her own risk. The Move More program, affiliates and partners strongly recommend you see a health care provider before starting, or increasing your physical activity.