

Ask participants to fill out the cards below. Collect and send the cards to:

Hager Sharp

Attn: BodyWorks

1030 15th Street, NW, Suite 600E, Washington, DC 20005



I AM A NEW BODYWORKS PROGRAM LEADER!

TRAINED BY _____

DATE OF TRAINING _____

NAME _____

EMAIL _____

PHONE _____

CITY _____ STATE _____

ORGANIZATION _____

ALTERNATE CONTACT INFORMATION (OPTIONAL)

PLEASE RETURN THIS TAG TO YOUR BODYWORKS PROGRAM LEADER!



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**MY FAMILY IS PARTICIPATING
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EMAIL _____

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CITY _____ STATE _____

ALTERNATE CONTACT INFORMATION (OPTIONAL)

NUMBER OF FAMILY MEMBERS PARTICIPATING _____

PLEASE DO **NOT** CONTACT ME IN THE FUTURE ABOUT
THE BODYWORKS PROGRAM.

SEPTEMBER 2012

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