Registration Form

|  |  |
| --- | --- |
|  | “**Wellness Rocks”** |

### Organization Name (please print or type)

|  |  |
| --- | --- |
| Name |  |
| Name of attendees |  |
| Company address |  |
| City, ST Zip Code |  |
| Phone 1 | Phone 2 |  |
| Fax | Email |  |

**Donations**

Will this Organization donate items for event?

Yes No

If yes, please describe items: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tax Deductible-$50.00 Registration Fee**

I (we) plan to make this contribution in the form of: cash check.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Please make checks payable to: |  | **Beloved Community Family Wellness Center****6821 S. Halsted****Chicago, IL 60621-1833** | |  |
|  |  |
| Completed forms are due by **March 8, 2019** to Letitia Williams:  Fax (708)577-5064 or email [lwilliams@bcfwc.org](mailto:lwilliams@bcfwc.org)  Or Register with Eventbrite @  <http://bit.ly/BCFWCWellnessRocks> |  |

### **Acknowledgement Information:** Please use the following name(s) in all acknowledgements:

I (we) wish to have our gift remain anonymous.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature(s) |  | Date |
|  |  |  |
|  |  |  |