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.

|  |  |  |  |  |
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| --- | --- | --- |
| Please make checks payable to: |  | **Beloved Community Family Wellness Center****6821 S. Halsted****Chicago, IL 60621-1833** |

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|  |  |
| Completed forms are due by **March 8, 2019** to Letitia Williams:Fax (708)577-5064 or email lwilliams@bcfwc.orgOr 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 |
|  |  |  |
|  |  |  |