



Enrollment Form

Note: The following information will not be shared with anyone other than the program coordinator.

(Please print clearly.)

Date: _____

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: _____

How did you hear about Move More? _____

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

Please complete and return this form to a Mover, fax to 474-9349, or mail to:

**Move More Program
Somerset Heart Health
Post Office Box 468
Skowhegan, ME 04976**

If you would like to use a pedometer, please also complete the agreement on the back.

Thank you for your interest in Move More!

Any person choosing to be involved in this program does so at his or her own risk. Somerset Heart Health, affiliates and partners strongly recommend that if you have a medical condition, or have not seen a health care provider in the past year you do so before starting, or increasing your physical activity.