CLASS REGISTRATION FORM

Are you a current member of the Upland Hills Health Therapy & Wellness Center? ☐ Yes ☐ No

Name: _____

Address: _____

City, State, Zip _____

Home Phone: _____

Work Phone: _____

E-Mail: _____

Class Name: _____

Day(s) _____

Time: _____

Cost: _____

Class Name: _____

Day(s) _____

Time: _____

Cost: _____

Total Amount $ _____

Make checks payable to Upland Hills Health or charge to ☐ Visa ☐ MasterCard

Card #: _____

Expiration Date: _____

Signature: _____

Enrollment is limited and classes fill quickly. No confirmations will be sent. Refunds will only be provided if the class you registered for is already full or does not meet minimum enrollment. Mail completed registration form with payment to

Upland Hills Health, Attn: Lisa Eggers,
800 Compassion Way, Dodgeville, WI 53533