

Inches-A-Weigh[®]

WEIGHT LOSS CENTERS FOR WOMEN

Why I deserve a FREE Inches-A-Weigh Lifestyle Program Membership... Registration Form

Name: _____ (Cell) __ () _____

Email: _____ (T#2) __ () _____

Address: _____ State _____ ZIP _____

* Required

What age range do you fit in?* *Please Circle One*

(15-17) (18-25) (26-35) (36-45) (46-55) (56-65) (66+)

What are your self-care goals? *
(check all that apply)

- weight loss
- toning and firming
- regular exercise routine
- being a part of a social atmosphere
- nutritional education
- behavior modification
- Other:

If one of your goals is weight loss, how much weight do you feel you need to lose?
_____ lbs

Are there any parts of your body you'd like to concentrate on reshaping?
(if so, please name)

What is your current level of physical activity? *

(exercise can include anything that gets you moving and your heart and lungs working)

- sedentary
- 30-60 minutes of exercise less than 3 times per week
- 30-60 minutes of exercise 3-5 times per week
- you exercise at least 30 minutes every day

Is there any special occasion coming up that you want to reach your goals for?
Do you have an ideal weight or size in mind or a goal date? * *(please explain)*
