

**HIGHMARK PREVENTIVE HEALTH PROGRAMS**

**DATE:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Evening:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** male/female

**PROGRAM SELECTION: (PLEASE CIRCLE)**

**Eat Well for Life I**

**Tues, Sept. 7 – 28, 9:00 – 10:30 a.m.**

**Wednesdays, September 8 – 29, 6:00 – 7:30 p.m.**

**Personal Nutrition Coaching**

**Clear the Air**

**Highmark Members (Please circle your program)**

<b>Security Blue</b>	<b>PPO Blue</b>	<b>Keystone Blue</b>
<b>Medigap Blue</b>	<b>Select Blue</b>	<b>Freedom Blue</b>
<b>Classic Blue</b>	<b>Complete Care</b>	<b>Preferred Blue</b>
<b>Direct Blue</b>	<b>Other Highmark</b>	

**HIGHMARK MEMBER ID NUMBER:** \_\_\_\_\_  
(Located on the front of your Highmark Card)

**HIGHMARK GROUP NUMBER:** \_\_\_\_\_  
(Located on the front of your Highmark Card)

**IF YOU ARE NOT COVERED BY HIGHMARK OR ARE NOT A YMCA MEMBER, YOU ARE STILL ELIGIBLE TO PARTICIPATE. SEE FEES ON THE OTHER SIDE OF THIS REGISTRATION FORM.**