

Participant Application to "Transform Your Body"

Submit completed application to: CoachLBR@aol.com, or Fax to: 707-221-0382

I. Participant Personal Information

Name: _____
Title: _____
Business/Company: _____
Address: _____
City, State, Zip _____
E-mail Address _____
Day Phone: _____ Best time to reach you here: _____
Evening Phone: _____ Best time to reach you here: _____
Cell Phone: _____
Pager: _____
Fax Number: _____
Person to contact in case of emergency: Name: _____ Day Phone: _____
Eve Phone: _____

II. Prior Experience

What methods have you participated in the past for weight reduction and/or lifestyle change and what were your results in each? (Submit separate sheet if necessary to complete.)

Method	Results

III. Goals

Please list the goal(s) you are committed to achieving through this program and by when.

Goal	By When
_____	_____
_____	_____
_____	_____
_____	_____

IV. Short Essays

Once your application and proposal requirements are received, you will be contacted for a brief interview. The following questions will be asked.

If you prefer, you may submit your answers in writing.

To submit your answers in writing, please provide them in typewritten format on additional pages.

Limit your responses to each question to 1 page double-spaced or ½ page single-spaced.

1. Please describe what has motivated you to apply to participate in the “Transform Your Body” program.
2. Why do you believe this program will be effective for you?
3. Throughout the program, how will you know you are putting your best effort into transforming your body.
4. What areas are you most successful in your life? What have you done that contributed to these successes?
5. What do you do to sabotage your success?
6. What outside factors sabotage your success? Be specific.
7. Describe the greatest victory you had around transforming your body?

V. Participant Agreement

If selected to participate in the program, you must agree to the following. Please fill in your name and sign the end of this statement acknowledging your agreement.

I, _____, agree to fully participate in the “**Transform Your Body**” program and to be accountable for my goals and to keep my promises that I make at each session. I will be on time for every class, as I know my full participation makes a difference to all participants. I agree to stay in communication with the program facilitator regarding any issues I have with the program.

I agree to keep all information shared during the class confidential.

I fully understand that the “Transform Your Body” program is a tool for supporting me in taking the necessary steps to transform my body. I promise to transform my body using healthy, proactive, methods. I promise to keep these agreements.

Applicant Signature

Date