



GASTON & PORTER
HEALTH IMPROVEMENT CENTER
A Revolutionary You: MIND * BODY * SPIRIT

Today's Date

PTSC 101 REGISTRATION

Which Location Will You Attend?

First Name:

Last Name:

Select the PTSC site that you completed:

Select the Year:

Participant I.D. (if known):

Last Name Change (if applicable):

Email Address:

Mailing Address:

State:

City:

Zip:

Phone Numbers:

Please select below the area which you are interested in improving by participating in this PTSC 101 Circle and becoming a part of the PTSC family.

decrease in salt intake

decrease in sugar intake

**increased intake of
fruits and vegetable**

better portion control

daily water intake increase

**reduction in blood
pressure**

**It is vital to the success of the program to have
participants fulfill all 13 Weeks of the circle. Are
you willing to make this commitment?**