
Community Event Registration Form

Name _____

Address _____

City _____

State _____

Zip _____

Home Phone _____

Cell Phone _____

Event _____

Payment: \$10 per person _____

Check # _____

Cash _____

Make your \$10 check payable to St. Cloud Hospital.

How did you hear about Spirit Girls' Night Out?

(Check all that apply.)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Newspaper <ul style="list-style-type: none"> <input type="checkbox"/> Ad <input type="checkbox"/> Article <input type="checkbox"/> Web site <input type="checkbox"/> Mail <ul style="list-style-type: none"> <input type="checkbox"/> Spotlight on Health
(St. Cloud Hospital newsletter) <input type="checkbox"/> Women & Family Health Education Calendar <input type="checkbox"/> Postcard <input type="checkbox"/> Letter from doctor's office <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Doctor's Office: Flier, doctor | <ul style="list-style-type: none"> <input type="checkbox"/> Family/Friend <input type="checkbox"/> Work: publications, email, posters, payroll staffer <input type="checkbox"/> Events: class/support group/
health fair/conference <input type="checkbox"/> Poster <input type="checkbox"/> Internet/Web <ul style="list-style-type: none"> <input type="checkbox"/> St. Cloud Hospital <input type="checkbox"/> St. Cloud Times <input type="checkbox"/> Email <input type="checkbox"/> Other: _____

 _____ |
|---|--|

Please fill out all of the above information and mail with payment to:

Women & Children's Center Outreach Education
 1900 CentraCare Circle, Ste 2375
 St. Cloud, MN 56303