



**BARIATRIC SUPPORT CENTERS
INTERNATIONAL**
WEEKLY WEIGH IN REGISTRATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

WORK PHONE _____ HOME PHONE _____

EMAIL ADDRESS _____

DESIRED USERNAME FOR WEBSITE _____ PASSWORD _____

CUSTOMIZED WEIGHT LOSS PROGRESS CHART	
Start date _____	Goal date _____
My current weight is _____ pounds	
I would like to loose _____ pounds	
My goal weight is _____ pounds	

PROGRAM SELECTION:

Registration	\$25 / \$40		\$ _____
Weekly	\$ 5	<input type="checkbox"/> check here for auto bill to cc	\$ _____
6 Weeks	\$ 25		\$ _____
12 Weeks	\$ 45		\$ _____
24 Weeks	\$ 85		\$ _____
52 Weeks	\$ 150		\$ _____
TOTAL			\$ _____

Check # _____ Cash _____

Credit Card _____ Expiration ____ / ____

Signature Date