





Jan	iuary 19, 201	.5 - March 22, 2015	
Team Name:	Location:	Dosker Jeffersonville	e 🗖 Hardin County 🗖 Louisville
Print Name: Last		First	
Gender: ☐ Female ☐ Male Age: _	Height:	Current Weight:	Desired Weight :
Address:			
City_`		State	Zip Code
Phone Number:	Alternate Number:		
Email:			
I will commit to 40 Days of Providing a Lifetime of Improving myself through the St. Stephen Family Life Center 2015 Daniel Plan:			
(Please sign)	Date:	Parent/Guardian o	f:
# DANIEL PLAN	40 DAYS II HEALTHIER	LIFE	mily Life
Are you ready to start you Go ahead; M	ake the Com	ealthier life? Is it time to i mitment to yoursel 15 - March 22, 2015	
The Daniel Plan is far more than Essential Cor		festyle Program based on – Food – Fitness – Focus	·
For additiona	I information go to:	http://www.danielplan.com/st	arthere/
These last two components — Plan so effective. When you willpower helping you make	have God and a	<i>group</i> helping you, you i	now have far more than
I will commit to 40 Da	ys of providing	a lifetime of improving n	nyself through the

Date: Parent/Guardian of: (Please sign)

St. Stephen Family Life Center 2015 Daniel Plan:

Current Weight: _____ Desired Weight : _____