

15/16 Charlton Crt WOOLNER
PO Box 2041
PARAP NT 0804
P: 8981 2886
E: info@bodyfitnt.com.au
www.bodyfitnt.com.au



HYDROTHERAPY MAILING / REGISTRATION LIST

Please fill out the following details to be included in any news/events/surveys and upcoming timetables for Hydrotherapy for 2008

Please Print Title: Mr/Mrs/Miss/Ms/Dr M____F____ DoB____/____/____

Surname_____ Given Names_____

Address_____ Suburb_____ P/C_____

Tel. Work_____ Home_____ Mobile_____

Email_____

Condition_____

DVA Member YES / NO

How did you hear about the Program? _____

What is your best form of contact: POST / EMAIL

Should you have any questions/queries or comments throughout the year please don't hesitate to pass them on to your leader or post them directly to us

***Thankyou for your time, we look forward to working closely
with you in 2008***

"The Bodyfit NT team"
