



Vitalization Program - Registration Form
RU Healthy / RU In Balance or Out of Balance™

Goodwin's Organic Foods & Drinks has co-developed (with three leading-edge companies) a vitalization program to train you and your loved ones step by step into a vital living. In coordination, each company will provide their vital-living trainers to personally lead you and your families into a practical and daily vital living. Please fill out, then send it to the above email address.

(Return completed form to info@goodwinsorganics.com)

1. Name _____, _____
(LAST) (FIRST)

2. Goodwin's membership number (requirement) _____
(LAST 4 NUMBERS UNDER THE BAR CODE)

3. Names of family member(s) or friend(s) partnering in your small group (this is a requirement):
_____ Age _____ Gender _____
_____ Age _____ Gender _____

4. What is the number ONE reason your group wants to join our vitalization program? _____

5. When will you know if you achieved this ONE goal (be very specific, e.g. date, weight, test)? _____

6. Email addresses of all names registering (Important clips of info. will be sent to all registered from time to time):

(Email Address) (Email Address)

7. We have filled out this registration form out of our own desire and we chose to exercise our wills to fulfill it.
Names _____
Signature Initials _____ Date _____