

Please fax completed form to: Karen Revitt at 518-591-8772

Hosting Site Application Form
Living Healthy Program

Dates of <i>Living Healthy</i> Course: from _____ to _____
Course Site Organization:
Organization Address:
Organization Liaison (name and phone):
Course Leaders:

	Number of Participants
New Participants <small>(self report – never taken the course before)</small>	
Ongoing or Repeat Participants	
TOTAL Participants (new + ongoing)	

Names of Participants	Identifier Codes <i>To be filled out by CEAS</i>	New (N) or Repeat (R) Participant?
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		