

TRIM AT HOME™

9123 N. Military Trail, Suite 104 * Palm Beach Gardens, FL 33410

Fax: 561-799-5677

NAME: _____

SIGNATURE: _____

Address: _____

City: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ - _____ FAX: (____) _____ - _____ E-MAIL: _____

=====

PLEASE CHOOSE PROGRAM DESIRED

TRIM SHAPE UP PROGRAM - \$40.00 U.S Funds

Complete 4 week self guided program, includes 4 menus, one study guide, recipes & related material. Recommended for individuals only needing to lose about 10 pounds.

TRIM SLIM DOWN PROGRAM - \$60.00 U.S Funds

Complete 6 week self guided program, includes 6 menus, Food Use & Shopping Guide, Do's & Don'ts Student Orientation, Trim Option List, Recipes, Personal Weight Chart, 6 Food For Thoughts, and Study Guide.

TRIM PERSONAL GUIDANCE PROGRAM - \$75.00 U.S Funds

Complete 8 week program, includes 8 menus, 2 study guides, recipes, related material & features weekly monitoring.

=====

INDICATE FORM OF PAYMENT BELOW

() Check / Money Order Enclosed

Charge to: () Master Card () Visa

Cardholder Name: _____ Card Number: _____

Expiration Date: _____ Billing Address Zip Code: _____

=====

**TO RECEIVE CORRECT MENU SERIES, PLEASE PROVIDE INFORMATION REQUESTED.
THIS APPLICATION AND ALL QUESTIONS MUST BE COMPLETED IN FULL BEFORE
MATERIAL CAN BE SENT.**

CURRENT WEIGHT: _____ DESIRED WEIGHT: _____

Height: _____ Feet _____ Inches AGE: _____ SEX: () Female () Male

1- Please list all medical problems. Do you have high cholesterol? _____

- 2- What medications, if any do you routinely take? _____

- 3- Are you lactose intolerant or allergic to any foods? Do any foods cause digestive problems? _____

- 4- Will the alcohol restriction on the Trim Program be a problem? _____

- 5- What and how often is any kind of physical activity done? _____

- 6- What other weight loss methods have you tried? Were they successful? _____

- 7- How did you hear about The Trim Weight Control Program? _____

- 8- Where do you feel your weaknesses lie in regard to dieting? _____

- 9- Do you feel you have good eating habits? Do you turn to food in times of stress? _____

- 10- Give a brief history of your weight problem. Are other family members overweight? _____

- 11- Are those close to you supportive of your desire to lose weight? _____

- 12- What made you decide to lose weight? _____

"Terms and conditions are those stated on the Trim At Home web site, trimathome.com; In submitting this application form, it is understood that you have read and agree to all said terms and conditions therein stated."

TRIM WEIGHT CONTROL PROGRAM™

www.trimathome.com

Copyright © 2001 Trim Clubs, Inc. All rights reserved.