

Enter to Win a Body Contouring Package

(Form must be completed to win)

Name: _____

Address: _____

Email: _____

Cell Phone: _____

Age: _____

Do you have weight to lose? ☐ Yes ☐ No

If yes, how much? _____

Check the item you are most interested in winning:

- ☐ Gluten Free Weight Loss Program
- ☐ Body Wrap for Inch Loss
- ☐ Gluten Free Nutritional Shake

Tell us why you think you deserve to win:

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