



In participation with



YMCA OF GREATER SPRINGFIELD

Challenge Diabetes Program Registration Form

Participant Name _____

Address _____

Phone # _____

Email _____

Language English Spanish

Date _____

Please return this form in one of these ways:

- Email it as an attachment to coordinator@challengediabetes.us
- Fax it to CDP, Att: Coordinator 413-567-5734
- Mail it to CDP, P.O. Box 4655, Springfield, MA 01101
- Bring it to any CDP session

Do not drop off the form or mail it to the YMCA