



Shape Up Across Oregon
Community Program
Agency Sign Up Form

Name of Organization/Facility: _____

Facility Address: _____

Telephone: _____

Fax: _____

Name of Local Site Coordinator: _____

Contact Information for the Local Site Coordinator (if different from above):

Email: _____

Telephone: _____

Fax: _____

Mailing Address:

How did you hear of the Shape Up Across Oregon Program?

_____ Previous Participant

_____ Oregon Physical Activity and Nutrition Program

_____ Email Notification

_____ Other - Please Specify: _____

Please return by mail, email or fax to *Shape Up Across Oregon*:
4614 SW Kelly Avenue, Suite 100, Portland, OR 97239 • Fax. (503) 245-2628

Phone: (503) 245-2102

info@shapeupacrossoregon.org

*Shape Up Across Oregon
Community Program
Agency Registration*