

## Healthy Lifestyles Tobacco Class Form

Participant Name: \_\_\_\_\_

### CLASS INFORMATION:

Class name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\*Must be a 10 week class with at least 80% attendance

Instructor to Complete:

Total number of classes: \_\_\_\_\_ Number of classes attended: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

*Please send proof to Healthy Lifestyles through:*

**Courier:** Healthy Lifestyles - Gvnt Center #52400-4575

**Email:** Scanned and emailed to [WELLIS@slco.org](mailto:WELLIS@slco.org)

**Fax:** Attn – Healthy Lifestyles – 385.468.4096

**Must be received at least 7 days before your clinic. We will not accept this form at your clinic.**