

THE DANIEL PLAN

GOD'S PRESCRIPTION FOR YOUR HEALTH



REGISTRATION CARD

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: *(best number to reach me)* _____ This is my ☐ cell ☐ home ☐ work

E-mail: _____

☐ Please notify me of the next **THE DANIEL PLAN** event.



YES, PASTOR RICK! I commit to the following:

- ☐ Complete **THE DANIEL PLAN** six-week small group study.
- ☐ Get support in achieving my health goals by joining a small group.
- ☐ Get the help I need to achieve my weekly health goals at www.danielplan.com.
- ☐ Volunteer to participate in **THE DANIEL PLAN** medical study by anonymously submitting my basic health measurements throughout the year.