



Name: _____

Address: Room/Flat/Unit: _____ Floor: _____ Block: _____

Building/Estate Name: _____

No. & Name of Street: _____

District: _____ HK / NT / Kowloon

Phone: _____ Fax: _____

Mobile: _____

Email: _____

D.O.B: _____

Height: _____ (without shoes)

Current Weight: _____ (pounds/kilos)

- I have/have not been a member of Weight Watchers in the past.
- I enclose my cheque for HK\$1,800 plus HK\$60 postage (made payable to Great Day Holdings Limited) for the purchase of the Weight Watchers At Home Kit.

Please list any health condition that might affect your weight loss.

Signature _____ Date _____

Please forward this completed form and your cheque (made payable to Great Day Holdings Limited) to:

Tonda Paulsen - Weight Watchers
3H, The Manhattan
33 Tai Tam Road
Tai Tam, Hong Kong

Weight Watchers Hong Kong
Phone/Fax 852 2818 6602
Email tpaulsen@weightwatchers.com.hk
Website www.weightwatchers.com.hk