

REGISTRATION:

Please make a check payable to: FUEL4U, LLC and mail to: FUEL4U, LLC, c/o Cara Zaller, 7148 Morning Light Trail, Columbia, MD 21044.

Name: _____ Email Address: _____

Phone #'s: Cell: _____ Home: _____

Circle any symptoms that you have experienced in the last 6 months

Headaches	Anxiety	Thinning Skin	Sleep Problems
Panic	Reduced Libido	Fatigue/Tiredness	Depression
Sinuses/Allergies	Weight Gain	Moodiness	Poor Memory
Irritability	Poor Concentration	Increased Appetite	Hot Flashes
Night Sweats	Digestive Problems	Acne	Hair Loss
High Blood Pressure	Food Cravings	Joint Pain	Muscle Pain

Have you had your gallbladder removed? Yes or No

Please initial:

I am fully committed to making a change to my diet for 30 days.

I am ready to lose fat, gain more energy, have more mental clarity and better moods.

NOTE: If you have any pre-existing medical condition, please include a clearance note from your physician.

Optional Extras to help ease the transition into ketosis and to test ketones:

Check off any you want to pre-order so that you will have them at the start of the program. Please include the fees for these items in your registration check.

Ketone Test Strips \$10

Digestive Enzymes to help digest fat \$20

Keto Electrolyte Drops \$24

Magnesium \$24

Order weekly KETO friendly meals and receive \$25 off your first and second orders when you use the link: <https://www.territoryfoods.com/yum/CARAZ>