Weight Watchers Receipt

Name of Member: *(enter your name)*

Registration #: *(enter your registration # - found on your WW Weight Record)*

Amount Collected: $ (enter your total program fees paid)

Item Purchased: (enter length of series (12 weeks or 17 weeks)
Dates of series

Location/ Day/ Time: _____

Weight Watchers Staff Member: _____

Date: (enter date of application submission)