

RAFFLE ENTRY FORM

And the winner is....

Name: _____

Phone: _____ Text preferred: Y / N

Email: _____

I would like more information on the following:

(please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> General wellness | <input type="checkbox"/> Hormone support |
| <input type="checkbox"/> Brain health | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Support for learning (&school) | <input type="checkbox"/> First aid |
| <input type="checkbox"/> Pregnancy & childbirth | <input type="checkbox"/> Beauty care |
| <input type="checkbox"/> Babies & children | <input type="checkbox"/> Non-toxic cleaning |
| <input type="checkbox"/> Mood and emotions | <input type="checkbox"/> Pet & animal care |
| <input type="checkbox"/> Occasional stress | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Discomfort of the body | <input type="checkbox"/> Business opportunity |
| <input type="checkbox"/> Winter wellness | <input type="checkbox"/> Drawing only |
| <input type="checkbox"/> Immune system | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Digestive support | <input type="checkbox"/> Host a class (opportunity to earn the Everyday Oils kit for FREE. Gather your friends and I'll teach) |
| <input type="checkbox"/> Healthy skin | |
| <input type="checkbox"/> Respiratory support | |
| <input type="checkbox"/> Oral hygiene | |
| <input type="checkbox"/> Vision | |



- | |
|---|
| <input type="checkbox"/> I am currently a YL member |
| <input type="checkbox"/> I am NOT a YL member and _____ referred me |
| <input type="checkbox"/> I am an inactive member |

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