



2019 March/April Out & About Registration

(Ages 16 and Up)

Completed form should be returned to:
Eagle Mount Billings
1140 16th Street West, Suite 12, Billings, MT 59102
406-969-2949 office 406-969-2952 fax

Cost: \$60.00

Participant Packet/Medical History On File: ____Y ____N

Participant Name: _____

PAYMENT

Will you be seeking financial assistance from Eagle Mount?
(*If "Y" please contact the office to obtain paperwork 969-2949.)

Will you be working with another agency for billing purposes?

STEP
RSS
RSD

COR
Spectrum Medical
AWARE

Other: _____

What is the name and contact number of your case manager/staff that you are working with to obtain additional funding?

Name: _____ Phone number: _____