



Participant Information

Team Name: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Facebook? Yes or No

T- Shirt Size: _____

Occupation: _____

Employer: _____

Height: _____ Starting Weight: _____

Goals for this fitness challenge:

How did you hear about this fitness challenge?