



FALL CHALLENGE

Entry Form

Name: _____
Department: _____
Height: _____
Current Weight (lb): _____
Desired Weight: _____

How much weight do you want to lose during Challenge (keeping in mind that 1% weight loss per week is a reasonable expectation)? _____ lbs

Do you currently have any physical limitations or medical conditions that would prohibit you from engaging in a regular exercise program?

Are you currently under the care of a physician for any reason?

Are you prepared to fully commit to this challenge for 12 weeks? _____

Briefly explain why you have chosen to participate in the Challenge.

