



2008 Fall Weight Loss Challenge

Official Entry Form

Name _____ Age ____ Gender ____ Height ____ft. ____ in.

Department _____ Phone _____

Current Weight _____ lbs. Desired Weight _____ lbs.

How much weight do you want to lose during this challenge? _____ 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 restricted care of a physician for any reason? _____

Are you prepared to fully commit to this challenge for 10 weeks? _____

Briefly explain why you have chosen to participate in the Fall 2008 Weight Loss Challenge.
