



A Healthier Weigh in 2012

ENTRY FORM

Entry Fee: \$40/Individual; \$160/Team of 4 persons

Return By:

- Washington County:** **January 6** to Washington County Extension, 181 Birch Ave., Akron, 80720; FAX - 970-345-2288. *Checks payable to: Washington County Extension Fund*
- Phillips & Sedgwick Counties:** **January 12** to Phillips County Extension, PO Box 328, Holyoke, 80734; FAX - 970-864-4347. *Checks payable to: Phillips County Extension*
- Yuma & Kit Carson Counties:** **January 18** to Yuma County Extension, 310 Ash, Suite B, Wray, 80758 FAX - 970-332-4165. *Checks payable to: YUMEX*

Each 4-member team agrees to:

- Be present for the team weigh-in and weigh-out. Weigh-In is Thursday, January 12.
Teams select weigh-in time: 3:00, 3:15, 3:30, 3:45, 4:00, 4:15, 4:30, 4:45, 5:00, 5:15, 5:30, 5:45, 6:00 p.m. Contact us if there is schedule conflict for alternative time to Weigh-In.
- Complete a pre and post assessment on health and fitness.
- Complete a Participant Summary and Program Consent Form stating they are aware of risks and benefits associated with exercising and weight loss.
- Access weekly on-line information about nutrition, health and fitness and complete activities.
- Record daily steps and other activity; report weekly to Team Captain who reports weekly to Extension.

TEAM NAME _____ **Requested Weigh-In Time** _____

Name - Team Member #1 (Team Captain) _____

Mailing Address _____ City & Zip _____

Phone: _____ Cell/FAX: _____ Email: _____

Name - Team Member #2 _____

Mailing Address _____ City & Zip _____

Phone: _____ Cell/FAX: _____ Email: _____

Name -Team Member #3 _____

Mailing Address _____ City & Zip _____

Phone: _____ Cell/FAX: _____ Email: _____

Name - Team Member #4 _____

Mailing Address _____ City & Zip _____

Phone: _____ Cell/FAX: _____ Email: _____