

Wesleyan Weight Loss Challenge Registration Form

Team Name: _____

Team Captain: _____

Email: _____

Phone #: _____

Team Members:

1. Name: _____

Email: _____

Phone #: _____

2. Name: _____

Email: _____

Phone #: _____

3. Name: _____

Email: _____

Phone #: _____

4. Name: _____

Email: _____

Phone #: _____

5. Name: _____

Email: _____

Phone #: _____