



# Waist Management

## Healthy Lifestyle Competition

### Registration Form

Name: \_\_\_\_\_ M F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ No E-mail

Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Employment (someone will contact you if you can weigh there):

\_\_\_\_\_

<b>For Office Use Only</b>	
Registration Paid?	
Weigh In Location	
Initial Weight	
Height	
BMI	
Past weight-loss surgeries?	

Participation Fee of \$20 should accompany completed form. Please drop off forms or mail them to your local health center

Checks can be made payable to:  
Three Rivers District Health Department

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