

Finally a program for everyone!

Welcome to



Team Registration form:

Please return the information below along with \$10 per team member minus the fees for members who reach both of their exercise and weight loss goals from the January contest.

Team number: _____

Team Captain: _____ Phone: _____

Facility Name: _____ Email: _____

Total Members: _____ Free Members: _____

Return your check or money order made out to Wellness Council of NE Ohio to
433 S. State Street
Painesville, Ohio 44077

Sponsored by

