

**Get Healthy UAMS
"Summer Slim Down '08"**

Registration Form

Contact Information
(Please print clearly)

Name _____

Team Name _____ Team Captain _____

Dept. _____

Phone _____ email _____

T-shirt size: S M L XL XXL XXXL

Date of Weigh-in _____

Official starting weight _____ Participant initial _____

Fitness Center Staff Initial _____

Attire _____

Shoes: Yes No

Date of Weigh-out _____

Official ending weight _____ Participant initial _____

Fitness Center Staff Initial _____

Attire _____

Shoes: Yes No

Amount of bodyweight lost: _____

Percentage bodyweight lost: _____ Fitness Center Staff Initial _____