

**EMMCO West's Health and Wellness Program  
How Low Can You Go?  
Regional Contest**

*Please submit this entry form to Trish by Friday, January 27, 2014  
[trish@emmco.org](mailto:trish@emmco.org) or fax 814-337-0871*

<b>EMS Agency Name:</b>		
<b>Team Name (be creative):</b>		
<b>Total Participants on Team (1-10):</b>		

<b>Team Captain</b>	
Name:	
Telephone:	
Email:	
My person goal is to lose ____ lbs.	

<b>Participant</b>		<b>Participant</b>	
Name:		Name:	
Telephone:		Telephone:	
Email:		Email:	
My personal goal is to lose ____ lbs.		My personal goal is to lose ____ lbs.	

<b>Participant</b>		<b>Participant</b>	
Name:		Name:	
Telephone:		Telephone:	
Email:		Email:	
My personal goal is to lose ____ lbs.		My personal goal is to lose ____ lbs.	

<b>Participant</b>		<b>Participant</b>	
Name:		Name:	
Telephone:		Telephone:	
Email:		Email:	
My personal goal is to lose ____ lbs.		My personal goal is to lose ____ lbs.	

<b>Participant</b>		<b>Participant</b>	
Name:		Name:	
Telephone:		Telephone:	
Email:		Email:	
My personal goal is to lose ____ lbs.		My personal goal is to lose ____ lbs.	

Participant		Participant	
Name:		Name:	
Telephone:		Telephone:	
Email:		Email:	
My personal goal is to lose ____ lbs.		My personal goal is to lose ____ lbs.	