

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

*Please submit this entry form to Trish by Friday, January 6, 2012
trish@emmco.org or fax 814-337-0871*

EMS Agency Name:		
Team Name (be creative):		
Total Participants on Team (1-10):		

Team Captain	
Name:	
Telephone:	
Email:	
My person 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.	

Participant		Participant	
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.	

Participant		Participant	
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.	