

LIFESTYLE



CHALLENGE

Avera Holy Family Hospital & RWC Lifestyle Challenge 2018 Registration

To speed up initial weigh in day, early registration is recommended prior to Jan 5.

Participant Name: _____

Teammates: _____
(Teams of 2-6) _____

Team Name: _____

Phone: _____

E-mail Address: _____
(Required)

Payment is **REQUIRED** with registration! (unless paid by employer)
Paid _____ (\$40.00 per individual, \$30 if paid by
your employer's check or credit card.)

If your employer is paying, please complete below information:

Employer Name: _____

Contact Person Name: _____

Each Participant MUST complete a form.

RETURN THIS FORM TO THE RWC

