



2017 Team Registration Form

PLEASE PRINT

Church or organization _____

Church or organization address _____

City _____ State ____ Zip _____

Phone number _____ - _____ - _____

Name of Team Captain _____

Phone number _____

E-mail address _____

Name of Team Member	E-mail address
1.	
2.	
3.	
4.	
5.	

(all above fields must be completed)

Tie breaker question: Percentage of weight loss for this team _____

In the event of a tie, the prize will be awarded to the team whose guess is closest to the actual weight loss percentage of the team.

Participation Payment of \$100 per team must be received with registration form - no later than **February 15th, 2017**

2017 Win Win Lose runs from Wednesday March 1st to Sunday April 16th.