Taylor County Project HOP2E
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Grafton, WV 26354
Phone: (304)709-0164 Fax (304)265-6839
Projecthop2e@gmail.com
www.project-hop2e.org

New Year New You Weight Loss Challenge 2016

Individual Signup Form:

(Please Print)
First Name: _____ Last Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Phone #: _____

Email Address: _____

Please Circle (M / F) T-Shirt Size: _____

Acknowledgment

I understand that I cannot hold Taylor County Project HOP2E accountable for any injury that I may incur during the New Year, New You Weight Loss Challenge. I understand that I am responsible for any risk I take during the competition. I understand that Taylor County Project HOP2E does not offer any weight loss advice and is not responsible for any weight loss advice provided by any source. I understand that Project HOP2E does not offer any fitness training advice and any advice I may receive during the competition is my responsibility. _____

(Voluntary): I consent to have my picture taken and agree that my picture may be used on Project HOP2E's website, Twitter and Facebook Pages and other social media outlets. I understand that my picture may be published in local newspapers in the following counties: Taylor, Barbour, Marion, Preston, Harrison and Monongalia. _____

I understand that if I miss a month weighing in I will receive a 2lb penalty. _____

I understand that in order for me to win a prize I must place 1st or 2nd in any of the divisions. (Youth ages 5 – 12, Teens 13 – 19, Adults 20 – 54, Seniors 55 and older or 1st place as a member of the family or friend's divisions) _____

(Voluntary)
WBOY TV station is looking for individuals to do a story on during this competition. I give permission to WBOY to interview me, videotape me and tell my story on their TV station. _____

Signature: _____ Date: _____

New Year, New You Weight Loss Challenge Sponsor Forms

Beginning Weight_____ ***January***

		Amount Sponsored For Every Pound Lost								
Sponsor's Name	Phone	$0.01	$0.05	$0.10	$0.50	$1.00	$5.00	Misc Amt	Amount Lost	Amount Owed

Contestants Name_____ Address: _____

New Year, New You Weight Loss Challenge Sponsor Forms

Beginning Weight_____ ***February***

		Amount Sponsored For Every Pound Lost								
Sponsor's Name	Phone	$0.01	$0.05	$0.10	$0.50	$1.00	$5.00	Misc Amt	Amount Lost	Amount Owed

Contestants Name_____ Address: _____

New Year, New You Weight Loss Challenge Sponsor Forms

Beginning Weight_____ ***March***

		Amount Sponsored For Every Pound Lost								
Sponsor's Name	Phone	$0.01	$0.05	$0.10	$0.50	$1.00	$5.00	Misc Amt	Amount Lost	Amount Owed

Contestants Name_____ Address: _____

New Year, New You Weight Loss Challenge Sponsor Forms

Beginning Weight_____ ***April***

		Amount Sponsored For Every Pound Lost								
Sponsor's Name	Phone	$0.01	$0.05	$0.10	$0.50	$1.00	$5.00	Misc Amt	Amount Lost	Amount Owed

Contestants Name_____ Address: _____

New Year, New You Weight Loss Challenge Sponsor Forms

Beginning Weight_____ ***May***

		Amount Sponsored For Every Pound Lost								
Sponsor's Name	Phone	$0.01	$0.05	$0.10	$0.50	$1.00	$5.00	Misc Amt	Amount Lost	Amount Owed

Contestants Name_____ Address: _____