***New Year, New You Weight Loss Challenge Sponsor Forms***

Beginning Weight_____ Month _____

| | | 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: _____