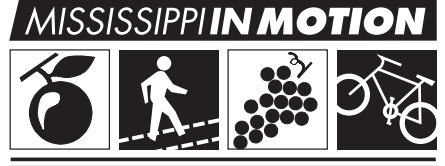


# TEAM FORM - County



## MS in Motion Team Form

TEAM NAME \_\_\_\_\_ TEAM CAPTAIN \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

For Office Use	ID	Name	Scale	Height	Weight-In	Pre BMI	1	2	3	4	5	6	7	8	9	10	Weight-Out	Post BMI	Weight Lost	
		1)																		
	2)																			
	3)																			
	4)																			
	5)																			
	<b>TOTAL</b>																			
																	<b>TOTAL TEAM POINTS</b>			

**FOR OFFICE USE**

Date Received: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ By: \_\_\_\_\_ Receipt # \_\_\_\_\_