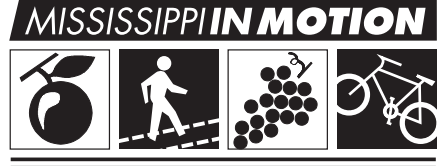


# TEAM FORM



## MS in Motion Team Form

TEAM NAME \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

TEAM CAPTAIN \_\_\_\_\_ PHONE \_\_\_\_\_

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

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

**FOR OFFICE USE**

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

