

Personal Information- Registration Form

Please fill out the following information:

MALE:	Age 16-25 yrs	<input type="checkbox"/>
FEMALE:	Age 26-35 yrs	Age 36-50 yrs <input type="checkbox"/>
Full Name		
Date of birth		
Address		
Phone Number		
Personal Goal (Optional)		

Acknowledge & Consent Agreement

○

I _____ have read and fully understand all the rules and requirements of this contest.

I acknowledge that if I do not complete all requirements I will not be eligible to win a cash prize.

I understand that I have to pay \$25.00 fee to be entered in this year's contest and that the one month free gym membership I have received by joining this year's challenge is only applicable to myself and becomes void if I am disqualified from the 2020 challenge.

By signing below, I consent for the Sipekne'katik Recreation Department may use my results for statistical purposes, as well as highlight the success of the program. Contest winner's will be posted on our social media page along with age category and percentage lost.

Contestant

Date _____

C)

Witness

Date _____