

Total number of participants

# HEALTHYHAYWOOD FITNESS CHALLENGE 2010 Registration

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**PLEASE PRINT CLEARLY**

Name(s): You may list multiple names if everyone lives in the same house.  
(Please include first and last names)

Name 1 \_\_\_\_\_ Age \_\_\_\_\_

Name 2 \_\_\_\_\_ Age \_\_\_\_\_

Name 3 \_\_\_\_\_ Age \_\_\_\_\_

Name 4 \_\_\_\_\_ Age \_\_\_\_\_

Name 5 \_\_\_\_\_ Age \_\_\_\_\_

Name 6 \_\_\_\_\_ Age \_\_\_\_\_

Name 7 \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Have you participated in the Fitness Challenge before?      Yes    No

How did you hear about the Haywood County Fitness Challenge? Circle all that apply.

Newspaper      Flyer @ Work      Word of Mouth      Radio      Website