

____ Participant Number

MMLB Challenge Registration Form

Name _____

Address _____

City _____ State _____

DOB (Optional) _____ Phone _____

Email Address _____

*Please read and sign the waiver below

I understand I am participating in a Health & Wellness Program. I will exercise at my own risk and consult my health care provider if I have any difficulties.

Signature _____ Date _____

We will be making a donation of \$750 to a local non-profit if the group as a whole loses 2,000. We ask that you vote for your choice of non-profit organization to win the \$750.

____ Community Resource Center	____ Klager PTO	____ MHS Athletic Boosters
____ Other	_____	_____

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