

# Henderson Health Care Services

# HEALTH CHALLENGE

**\$30 entry for teams of 3**

Team Name: \_\_\_\_\_

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Bring this registration to Weigh-in at  
Henderson Health Care Wellness Center - Lower Level  
• January 10 & 12 ~ 7:30 a.m. - 5:00 p.m.

**Prizes will be given for top three teams with  
largest total percentage of weight loss**

