



The Biggest Loser Challenge Team Registration

Team Contact Person:

Team Name: _____

Team Members:

1: Name: _____

Full Address: _____

Telephone: _____ **email:** _____

2: Name: _____

Full Address: _____

Telephone: _____ **email:** _____

3: Name: _____

Full Address: _____

Telephone: _____ **email:** _____

4: Name: _____

Full Address: _____

Telephone: _____ **email:** _____

5: Name: _____

Full Address: _____

Telephone: _____ **email:** _____

Biggest Loser Challenge fee of \$100.00 (team fee) is due at time of registration.

Deadline for registration is Friday, May 11th.

To register, call St. John HealthConnect at 1-888-440-7325.

No refunds.

For more information, contact Nadine Cook, Community Relations – Providence Hospital.

248.849.3502 or Nadine.Cook@stjohn.org