

Moveabout

Individual Registration Form

Name: _____

Company/Business: _____

Day-time phone: _____

Email Address: _____

I understand that if I successfully complete the program by completing 150 minutes of activity each week for the duration of the program (100 days), I will be eligible for prizes and my name may be published in the paper. Someone from the media might contact me for additional information (interview, picture, etc)

Signature: _____

This form must be received by March 11th to officially register in the contest. Please return your registration form to your company coordinator.