

LIFESTYLE



CHALLENGE

Avera Holy Family Hospital & RWC Lifestyle Challenge 2013 Registration

Name: _____

Teammates: _____
(Teams of 2+)

Team Name: _____

Phone: _____

E-mail Address: _____
(Required)

Payment **REQUIRED** with registration!
Paid _____ (\$35.00 per individual)

Administrator Initials: _____

RETURN THIS FORM TO THE RWC

