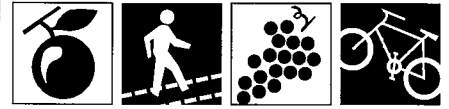


TEAM FORM - Campus

MISSISSIPPI IN MOTION



MS in Motion Team Form

TEAM NAME _____ DEPARTMENT _____

TEAM CAPTAIN _____ PHONE _____

E-MAIL _____

For Office Use	ID	Name	Scale	Height	Weigh-In	Pre BMI											Weigh-Out	Post BMI	Weight Lost
							1	2	3	4	5	6	7	8	9	10			
	1)																		
	2)																		
	3)																		
	4)																		
	5)																		
	TOTAL																		
																TOTAL TEAM POINTS			

FOR OFFICE USE

Date Received: _____ Fee: \$ _____ By: _____ Receipt # _____