



## 2021 Live Healthy Northwest Iowa | Team Roster

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

Please select your team's division of competition:  Activity  Weight Loss  Both

	NAME	ADDRESS (STREET, CITY, ZIP)	DATE OF BIRTH	PHONE #	EMAIL ADDRESS	T-SHIRT SIZE	MEMBER	NON-MEMBER	PAYMENT
1							<input type="checkbox"/>	<input type="checkbox"/>	
2							<input type="checkbox"/>	<input type="checkbox"/>	
3							<input type="checkbox"/>	<input type="checkbox"/>	
4							<input type="checkbox"/>	<input type="checkbox"/>	
5							<input type="checkbox"/>	<input type="checkbox"/>	
6							<input type="checkbox"/>	<input type="checkbox"/>	
7							<input type="checkbox"/>	<input type="checkbox"/>	
8							<input type="checkbox"/>	<input type="checkbox"/>	
9							<input type="checkbox"/>	<input type="checkbox"/>	
10							<input type="checkbox"/>	<input type="checkbox"/>	

*Please fill out as completely as possible. Email addresses are important for program communication. Please keep a copy of this sheet for Team Captain's records.*

Team Captain: \_\_\_\_\_