Ephrata Recreation Center

Biggest Winners Weight Loss Program

Fall 2019

Name: _____ Non-Member: ____ Member: _____ Exp Date: ____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-Mail: _____

School District: _____ Date of Birth: _____

Teammate Preference: _____

T-shirt Size_____

Training Time Preference: Please rank them by preference 1, 2.
Teams will be filled on a first come first serve basis. Minimum # of participants needed to constitute at team is 8. Maximum # of participants per team is 12.

Tracey	Tues./Thurs. 5:30 p.m.	_____
Kim	Wed. 6:00 p.m./Sun. 6:00 a.m.	_____

Member: $299 Previous BW Member: $274
Non Member: $374 Previous Non BW Member: $360

Circle One: Visa Master Card Discover MAC

Cardholder Name: _____ Card #_____ Exp_____

For Office Use Only CEC# _____

Cash_____ Check#_____

Date Paid_____ Initials_____

Waiver of Liability: I, the named participant in the above program(s), hereby waive any claim of bodily injury or property damage against the Ephrata Recreation Center, its agents, servants, and/or employees while a participant in the above program(s). I understand and acknowledge that there are risks of injury in recreation activities.

Signature: _____