



Registration Form - Colonel Bob's Weight Loss Challenge

DEADLINE TO REGISTER: 02/22/2010; CHALLENGE BEGINS 02/26/2010

First name _____ Middle initial _____
 Last name _____
 Address, street _____
 City _____ State _____ Zip _____
 Email _____
 Home phone _____ Cell _____
 Place of Work, if corporate plan _____
 Human resources contact _____ HR phone _____

Sign me up for the **INDIVIDUAL PLAN**. I am not part of a team or corporate plan.

- Single session for \$10.
- Four Weight Loss Meetings for \$30.
- Six Weight Loss Meetings for \$42.
- Eight Weight Loss Meetings for \$52.
- Ten Weight Loss Meetings for \$60.

Sign me up for the **TEAM PLAN**. I am the team leader of a four person team.

- BRONZE \$100 (\$6.25 per meeting, \$25 per person, 4 meetings)
- GOLD \$120 (\$5.00 per meeting, \$30 per person, 6 meetings)
- PLATINUM \$150 (\$4.69 per meeting, \$37.50 per person, 8 meetings)
- DIAMOND \$160 (\$4.00 per meeting, \$40.00 per person, 10 meetings)

I understand that I, as the team leader, will pay the full amount of the team plan. Please forward names and contact info of team members to TheHealthColonel@BeachBootCamp.net.

Sign me up for the **CORPORATE PLAN**. I am the leader of a **corporate** 4-person team.

- BRONZE \$90 (\$5.63 per meeting, \$22.50 per person, 4 meetings)
- GOLD \$110 (\$4.58 per meeting, \$27.50 per person, 6 meetings)
- PLATINUM \$140 (= \$4.38 per meeting, \$35.00 per person, 8 meetings)
- DIAMOND \$150 (= \$3.75 per meeting, \$37.50 per person, 10 meetings)

I understand that I, as a corporate team leader, will pay the full amount of the corporate team plan selected. I further understand that four Corporate Teams from my company must register to qualify for the CORPORATE PLAN. Forward names and contact of team members to TheHealthColonel@BeachBootCamp.net.

Date _____
 Signature _____
PAYMENTS ARE NONREFUNDABLE

Make checks payable to Bob Weinstein, The Health Colonel, 757 SE 17th St., #267, Ft. Lauderdale, FL 33316,
www.BeachBootCamp.net