



2017 County Wide Fitness Challenge

Team Information

Name of Team: _____

Name of Team Members:

1. _____

2. _____

3. _____

4. _____

Name of Captain: _____

(Captain should have access to Email or Facebook)

Contact email address for the Team Captain: _____

Captain telephone numbers: Home _____ Cell _____

Payment of \$10/person (\$40 per team) _____

****Please make cheques payable to the [Vulcan County Health and Wellness Foundation](#)**