



BIGGEST LOSER

Entry Form

Participant information:

Name: _____
Birth Date: _____
Age: _____
Department: _____
HOD: _____
Cell phone: _____
Eat@AF: _____

(If you would like us to include you in the kitchen meals that Rosie will prepare, please indicate it here – you will an extra fee and receive breakfast and lunch daily.)

Emergency Contact Information:

Name: _____
Relationship to participant: _____
Cell phone: _____

REGISTRATION FEE: R200

(Please pay @ Jen)

PARTICIPANT DECLARATION:

I, _____ hereby declare to take part in the Allways Fresh Biggest Loser Healthy Lifestyle program. I declare that my details submitted are accurate. I declare that I will take part for the whole 12 weeks. I declare that my health is my own responsibility and that I am fit to take part.

Signed at _____ on ____ August 2020: