

THE BIGGEST LOSER REGISTRATION FORM

NAME: _____

Faculty Staff Student (circle one)

Gender: _____

EMAIL: _____@scranton.edu

TELEPHONE #: () -

T-SHIRT SIZE: S M L XL XXL

PLEASE SUBMIT FORM TO THE CENTER FOR HEALTH
EDUCATION & WELLNESS (DeNaples 205k) by October 2, 2009



The University of Scranton
WELLNESS WORKS
for a healthier you