

**Pocket Diet Team Challenge!
Member Enrollment Form**

Team Name:

First Name:	
Last Name:	
Address:	
City:	
State:	
Zip:	
Phone:	
Email:	
User ID: (Message Board Name):	
Starting Weight:	
Goal Weight:	
Goal Date:	
Total Inches: (see attachment):	
Birth Date:	

What are you goals?

Do you have any special skills that you can bring to the team? If so, what are they?

Do you have any ideas to make this more successful and fun for all?