

Paid



Team Lean 2016 Corporate Challenge

Please fill out the form completely and legibly, and bring it to Employee Health with your \$10 registration fee. We will accept cash or check only. You will then receive a link via email to register online for the challenge. If you are paying for more than one person on your team, you must fill out a separate form for each individual.

Name: _____

Email address: _____

Team name: _____

(If you are competing without a team, write "individual.")