



January 15th – February 24th

*** Group Kickoff Sunday, January 15th at 2:00pm –The Peak’s Gymnasium**
 Required initial InBody testing Friday, January 13th 5am-noon or 3-7pm. (Test takes less than 5 minutes.)

Final InBody testing Thursday, February 23rd 5am-noon or 3-7pm

PAYMENT DUE UPON SIGNUP. NO EXCEPTIONS.

Team Name: _____

Small Group Teams of 4-6 people (*must include at least 1 non-member of The Peak)

1. Captain’s Name: _____ Email: _____ Phone: _____ DOB: _____
 Member (\$74) Non-member (\$134) **Payment: CASH CHECK CREDIT CARD CARD ON FILE**

Teammates:

2. _____ Email: _____ Phone: _____ DOB: _____
 Member (\$74) Non-member (\$134) **Payment: CASH CHECK CREDIT CARD CARD ON FILE**

3. _____ Email: _____ Phone: _____ DOB: _____
 Member (\$74) Non-member (\$134) **Payment: CASH CHECK CREDIT CARD CARD ON FILE**

4. _____ Email: _____ Phone: _____ DOB: _____
 Member (\$74) Non-member (\$134) **Payment: CASH CHECK CREDIT CARD CARD ON FILE**

5. _____ Email: _____ Phone: _____ DOB: _____
 Member (\$74) Non-member (\$134) **Payment: CASH CHECK CREDIT CARD CARD ON FILE**

6. _____ Email: _____ Phone: _____ DOB: _____
 Member (\$74) Non-member (\$134) **Payment: CASH CHECK CREDIT CARD CARD ON FILE**

_____ ***Please add me to a team. I am signing up as an individual.***

Name: _____ Email: _____ Phone: _____ DOB: _____
 Member (\$74) Non-member (\$134) **Payment: CASH CHECK CREDIT CARD CARD ON FILE**

Return form with payment to Peak Health & Wellness Center, 1800 Benefis Court, Great Falls, 59405. Questions? Call 468-7365 or email shanda@peakgreatfalls.com.