



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Campanelli YMCA

STRONG IS Y!

WeightLossChallenge



BENEFITS OF WEIGHT LOSS:



Feel More Confident



Feel More Energized



Feel Less Stressed

Need motivation and an incentive to feel healthier and stronger?
Join us for our **7 Week Weight Loss Challenge!**

Sunday, February 18 - Saturday, April 7, 2018

COST: \$15 per person (*Y Members ONLY*)

WIN a FREE 3 month Individual Y Membership!*

Individual with the largest percentage of body weight lost wins!

*(*Prize is non-exchangeable, non-transferable, and not redeemable for cash or other prizes.)*

INCLUDES: 2 group meetings with a **Personal Trainer** to help answer any questions and offer ideas to enhance fitness routines.

Weigh-in schedule dates located on the back of this sheet.

WEIGH-IN SCHEDULE

Your weigh-in will be conducted by Healthy Living Coordinator, Lisa Ayeski. For each weigh-in, choose **one date/time** each week:

1. **FIRST WEIGH-IN**

Wednesday, February 21 | 6:00 PM - 7:00 PM
- **OR** - Saturday, February 24 | 9:00 AM - 10:00 AM

2. **SECOND WEIGH-IN**

Saturday, March 3 | 9:00 AM - 10:00 AM
- **OR** - Monday, March 5 | 6:30 PM - 7:30 PM

3. **THIRD WEIGH-IN**

Tuesday, March 20 | 6:00 PM - 7:00 PM
- **OR** - Saturday, March 24 | 9:00 AM - 10:00 AM

4. **LAST WEIGH-IN**

Tuesday, April 3 | 6:00 PM - 7:00 PM
- **OR** - Saturday, April 7 | 9:00 AM - 10:00 AM

Body weight loss percentages will be posted by first/last name initials. Personal weight remains confidential.

To participate, fill out sign-up form and return to front desk.

For more information, contact Lisa Ayeski at 847.891.9622 x109 or lisaa@gcfymca.org.





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Sign-Up

First & Last Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Best way to contact you: _____ Phone _____ Email

PAYMENT: \$15 Participation Fee

_____ Cash _____ Check #: _____

_____ Credit Card (circle): VISA MasterCard Discovery American Express

Credit Card #: _____ Exp. Date: _____

Signature: _____ Date: _____

FIRST WEIGH-IN (Choose One):

_____ Wednesday, February 21 | 6:00 PM - 7:00 PM

- OR -

_____ Saturday, February 24 | 9:00 AM - 10:00 AM

Return this completed form to the front desk to participate.

QUESTIONS? Contact: Lisa Ayeski at 847.891.9622 x109 or lisaa@gcfymca.org.