

# Byron Township Recreation Biggest Loser Buddy Challenge

18 hours of instruction with a personal trainer. The program will consist of working out with a personal trainer, challenges & weigh ins. Involves exercise programming designed by a dedicated fitness professional to help you achieve your goals through dedication, exercise, and nutrition.

**Day:** Tuesday or Wednesday (12 weeks)

**Time:** 7:00pm-8:30pm

**Dates:** April 13 - June 29, 2010  
April 14 - June 30, 2010

**Cost:** \$80 Resident per person  
\$90 Non-Resident per person



**Location:** Byron Township Community Center  
2120 76th Street

**Age:** 18 +

**Registration Begins:** Immediately

**Registration Deadline:** April 2, 2010  
(\$5 late fee after deadline)

**Minimum:** 4 Teams

**Maximum:** 10 Teams

**NOTE:** A calorie count book and a food diary will be included in the price.

**HOW TO REGISTER:** Mail in, drop off or fax your signed and completed registration form and the full registration fee to the Parks and Recreation Department to reserve your spot. Office hours are Monday-Friday 7am-9pm and Saturday 8am-5pm. Cash, checks or credit cards accepted. Make checks payable to: Byron Township. **No refunds will be given after the deadline.**

Byron Township Parks and Recreation \* 2120 76th St \* Byron Center, MI 49315  
Phone: 878-1998 \* Website: [www.byrontownship.org](http://www.byrontownship.org) \* Fax: 583-1220

## Biggest Loser Buddies Challenge - Session II

Tuesday - 2055 TUSP10  
Wednesday - 2055 WSP10

**Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**Buddies Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Male / Female**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Municipality (where you pay taxes):** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I hereby understand that by signing this form, I agree not to hold Byron Township or Byron Township Employees responsible for any injuries that may occur during participation in this Byron Township Recreation Program. Furthermore, I authorize Byron Township to use photographs of participants for Byron Township promotional literature.

**Parent's Name Printed:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**YES, I would like to donate to the youth Scholarship program.** Amount: \$1 \$5 \$10 Other \_\_\_\_\_

Credit Card # \_\_\_\_\_ MasterCard / Visa Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Name on Credit Card: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

**OFFICE USE ONLY:** Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_