Campus Recreation & Wellness
WESTERN CAROLINA UNIVERSITY

2017 Cross Training Challenge
Registration Form

Name: _____ **Age**: _____ **T-shirt Size:** _____

Email Address:_____ **92#:** _____

Did a Campus Recreation & Wellness staff person encourage you to participate in the Challenge?

Yes No If yes, who? _____

*The 2017 Cross Training Challenge will be using a paper workout log.

Status: Student Faculty Staff Spouse Dependent Retired

Did you participate in the Challenge last year? Yes No

Are you a member of the Campus Recreation Center? Yes No