

White *OUT*/Weight *DOWN*

Registration Form

Directions: Mark which program you are participating in. Feel free to choose one or both programs! Fill out this form and turn it in to One Stop Wellness. Weigh-ins will be every Thursday and weekly tips will be provided to help support your journey!

Name: _____

*Please check White *OUT* or Weight *DOWN* or both!*

_____ **White *OUT*** (You will receive a point for successfully replacing an unhealthy starch with a healthier choice or for simply cutting out an unhealthy starch)

Start Date: ___/___/___

End Date: ___/___/___

_____ **Weight *DOWN*** (You will receive a point for every pound lost)

Date of weigh in: ___/___/___

Start weight: _____

Date of weigh out: ___/___/___

End weight: _____

Difference: _____

Weekly Weight DOWN Log

Week 1: Date _____ Weight _____

Week 2: Date _____ Weight _____

Week 3: Date _____ Weight _____

Week 4: Date _____ Weight _____

Week 5: Date _____ Weight _____

Week 6: Date _____ Weight _____

Week 7: Date _____ Weight _____

Week 8: Date _____ Weight _____

Total pounds lost _____ Total points gained _____

Recommended sites and Smart Phone Apps

*These may aid in your weight loss.
Pick a plan and stick with it!*

www.livestrong.com
www.mynetdiary.com
www.myfitnesspall.com

