



# NAACP Freedom Fighter Fitness Challenge Registration

Name (First) \_\_\_\_\_ (last) \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Starting weight: \_\_\_\_\_ Body fat %: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Cholesterol: \_\_\_\_\_

Are you a NAACP Member? \_\_\_ yes \_\_\_no

If yes, what NAACP unit are you a member of? \_\_\_\_\_

What are your 12-week fitness goals? \_\_\_\_\_

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Please select your category:

Youth (male)

Youth (female)

Men 18 – 28

Women 18 – 28

Men 29 – 39

Women 29 – 39

Men 40 – 50

Women 40 – 50

Men over 50

Women over 50