

WOUNDED VETERANS RELIEF FUND CHALLENGE

CHALLENGE



LOG SHEET

CONTESTANT'S NAME _____	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
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PHONE () _____	EMAIL _____ SOCIAL MEDIA _____
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<p>■ BEGINNING STATS</p> <p>Date _____</p> <p>Initial Weight _____</p> <p>Initial SMM _____</p> <p>Initial Body % _____</p> <p>Initial Body Fat lbs. _____</p>	<p>■ CHECK-IN #1 Current Points _____</p> <p>Date _____</p> <p>Weight _____ (+/-) _____</p> <p>SMM _____ (+/-) _____</p> <p>Body % _____ (+/-) _____</p> <p>Body Fat lbs. _____ (+/-) _____</p>
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<p>■ CHECK-IN #2 Current Points _____</p> <p>Date _____</p> <p>Weight _____ (+/-) _____</p> <p>SMM _____ (+/-) _____</p> <p>Body % _____ (+/-) _____</p> <p>Body Fat lbs. _____ (+/-) _____</p>	<p>■ CHECK-IN #3 Current Points _____</p> <p>Date _____</p> <p>Weight _____ (+/-) _____</p> <p>SMM _____ (+/-) _____</p> <p>Body % _____ (+/-) _____</p> <p>Body Fat lbs. _____ (+/-) _____</p>
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<p>■ NOTES</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>■ NOTES</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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■ FINAL CHECK-IN	Date _____	Total Points _____
Initial Weight _____	FINAL Weight _____	FINAL Change _____
Initial SMM _____	FINAL SMM Weight _____	FINAL Change _____
Initial Body % _____	FINAL Body Fat % _____	FINAL % Change _____
Initial Body Fat lbs. _____	FINAL Body Fat lbs. _____	FINAL Change _____

By signing below I agree that the information stated above is 100% accurate and unaltered. I also grant Nutrishop, Inc. the permission to use my submitted information, including before and after photos, for promotion, marketing and social media purposes.

SIGNATURE _____	PRINT NAME _____
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