Top Loser
Enrollment Form

Participant's name: _____

Work phone number: _____

Alternate phone number: _____

E-mail address: _____

Which health plan are you currently enrolled in?

☐ Blue Shield ☐ Kaiser ☐ Anthem ☐ Other _____

I will participate as: ☐ A team ☐ An individual

If you are participating as a team, please list the names of everyone on your team.

Team name: _____

Team member 1: _____

Team member 2: _____

Team member 3: _____

Team member 4: _____

Team member 5: _____

Team captain (optional): _____

An Independent Member of the Blue Shield Association A42507 (12/10)