



Heart and Sole Fitness Festival 2008

TEAM Registration Form

Thursday, February 14, 2008
10:30 am — 1:00 pm

FITNESS FESTIVAL

Registration for every team member includes entry into the Fitness Festival Walk, attendance at the fabulous luncheon, T-Shirt, goodie bag and the opportunity to visit informative exhibitor booths.

Team Name: _____ Contact: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ E-mail: _____

Any size team is welcome! Luncheon tables seat six. If the number of people on your team is not a multiple of six, some of your team members will have the honor of sharing a table with other festival participants! Please list names of team members and T-Shirt Size XS S M L XL XXL XXL

Name	Size	Name	Size
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

My team has more than six members and I am including an additional member names and T-shirt sizes.

I would like to register _____ team members at \$25 each for a total of \$_____.
(total number of individuals on team)

Method of payment:

CHECK ENCLOSED

CREDIT CARD Master Card VISA Exp. Date: _____

Card #: _____

Signature: _____ Amount: \$ _____

Mail registration forms and payment to Mercy Mercy Medical Center
Marketing Department, 1512 12th Avenue Road, Nampa, ID 83686
Registration forms may also be faxed to (208) 463-5876
Registration **DEADLINE** is Thursday, February 7, 2008.



For additional information call or email:

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