



# “2026 Pound the Pounds” Team Competition **CASH PRIZES** **1st & 2nd Place Teams**



*Dipping into the past & bringing back the 2019 version!*

The 2026 Pound the Pounds Competition will be based off of a POINTS SYSTEM to determine the WINNING TEAM. You will not ONLY earn points for Weight Loss but you can also help your Team out by earning additional points from Weekly Challenges, Food & Water Tracking & Workout Challenges... & perhaps a few BONUS Challenges tossed in!

This friendly Competition is open to Members and Non-Members alike. We will be using Facebook to keep everyone on track and communicating the Weekly Challenges by using a Private group page open only to Participants.

**Get your Team signed up by January 2nd! Competition begins January 7th!**

**Find your Team at work, with family or friends!!**

**Individuals are welcome & will be assigned a Team...**

**DON'T WAIT!! CASH PRIZE FOR 1ST AND 2ND PLACE TEAMS!!!!**

## **REGISTRATION INFORMATION**

**Registration Deadline:** Wednesday, January 2nd  
(No weigh-in at this time, just Team Form and FEES Paid)

**Fees:** Member: \$50 Non-Member: \$100\*  
(Non-Members will get full use of FC for 8 weeks)

**Dates:** January 7th - March 4th (8 weeks)

**1st Weigh-in/Competition Begins:** Wednesday, January 7

**Last Weigh-in:** Wednesday, March 4th  
(All Weigh Ins on Wednesdays)

**Minimum of 6 Teams required for Competition**

## **NEW:**

**Prize for TOP  
Female & Male  
with highest % of  
Weight Loss**  
(Based on BCA figures)

## **2026 Pound the Pounds Registration Form**

Team Name: \_\_\_\_\_ Team Representative: \_\_\_\_\_

\*Every participant must sign below to acknowledge the existence of and assume full responsibility for certain risks associated with this program which may cause damage to property or personal bodily injury or death to the participant, and furthermore, herewith to indemnify and hold forever harmless the Fitness Center. I have read the entry information provided and certify my compliance by my signature below. **Please complete both side of this Form.**

Name	Address/City/Zip	Phone	Member	Non-Member	Signature
1			\$50	\$100	
2			\$50	\$100	
3			\$50	\$100	
4			\$50	\$100	
					Total Fee pd: \$_____
FC NOTES:					

**REQUIRED INFORMATION FOR THE BCA SCALE:**

Team Member #1    Date of Birth:\_\_\_\_\_/\_\_\_\_/\_\_\_\_    Height: \_\_\_\_' \_\_\_\_"

Team Member #2    Date of Birth:\_\_\_\_\_/\_\_\_\_/\_\_\_\_    Height: \_\_\_\_' \_\_\_\_"

Team Member #3    Date of Birth:\_\_\_\_\_/\_\_\_\_/\_\_\_\_    Height: \_\_\_\_' \_\_\_\_"

Team Member #4    Date of Birth:\_\_\_\_\_/\_\_\_\_/\_\_\_\_    Height: \_\_\_\_' \_\_\_\_"