

What is **DUMP^{YOUR} PLUMP** ?

Objectives ...

- Promote safe and gradual weight loss through proper nutrition and exercise.
- Encourage the development of peer support through team competition.
- Increase the awareness of nutrition and exercise as it relates to weight management.
- Provide an activity that is healthy, educational and fun!

How does it work?

The contest requirements to be fulfilled are:

- Aerobic exercise (swimming, walking, jogging, etc.) for 30 minutes per day, 5 days per week.
- Participation of each team member in confidential weekly weigh-ins during the contest (team captain is responsible for weekly reporting).
- Each participant must set a personal weight goal between 0-20 lbs. (Weight loss is not a requirement. A team member may simply want to maintain current weight.)

When does the program start?

Teams need to begin this *10 week program* by

January 30, 2018

So hurry and get your team together.

Prizes awarded to teams with the greatest number of points!

How are teams made up?

Team members are chosen from people at work.

Each team must have between 4-10 participants.

NOTE: at least half of the team members must have a weight loss goal of 7 pounds or more.

Each team is led by a Team Captain who is trained prior to the start of the program. Responsibilities of the team captain are:

- a. Organizing team members.
- b. Supervising the weigh-ins (maintain confidentiality).
- c. Submitting weekly reports of team members' weight loss and exercise.
- d. Disseminating program information.

Reasons to join ...

- Affordable \$20 per person
- Participant exercise and weight loss resource book
- Team and individual prizes for goal achievement
- Each team selects a unique name.
- Free weight maintenance program for those who reach goal
- Internet program access/support

Expected results

- Eight pound weight loss
- Habit of 300 fewer calories a day intake
- Habit of 30 minute a day exercise
- Ongoing team support and weight maintenance program

Who can participate?

Anyone who would like to participate, either as a team captain or as a team member! For more information, call **440-354-8057** or go to: www.healthyohio.org

Major Sponsor:



Team Registration Form

Email _____

Captain's name (print) _____ Phone# _____

Company _____

Address _____ City _____ Zip _____

Number of team members _____ (Including captain. No less than 4, no more than 10)

Make checks payable and mail to:

Wellness Council of Northeast Ohio
433 South State Street
Painesville, Ohio 44077

440.354.8057; smusgrave@healthyohio.org



Fee: \$20 per team member

Major Sponsor:

