**QUICK START TEST PANEL**

**APPLICATION**

***Deadline: August 25, 2014***

Name

Email address

Home address

Phone number (daytime & evening)

Age

Occupation

Current Weight

Height

Highest adult weight (excluding pregnancy)

Lowest adult weight and when this was

Desired weight

Why are you applying for this program?

What do you hope to achieve by participating?

Why do you think that you would be successful with this plan?

Do you crave sugar or sugary foods? If so, when and how often? And what types of sugar/sugary foods do you crave?

What are your biggest obstacles to making healthy changes?

Have you lost weight in the past? If so, when and how much? How did you do it?

Have you been following any specific eating plan in the last 6 months? If so, please describe it and any results that you’ve had.

Do you exercise? If so, what do you do, for how long, and how often? Also, how long have you been doing this?

Are you available for pre-testing, photos, and orientation (about 3 hours) on Wed 9/3 or Fri 9/5, between 7 and 11am? *If you have any time restrictions please note them.*

Are you available for mid-point testing (about ½ hour) Monday 9/15, between 6:30 and 10am? *If you have any time restrictions please note them.*

Are you available for follow-up testing and photos (about 2 hours) on Mon 9/29 or Tues 9/30, between 7 and 11am? *If you have any time restrictions please note them.*

**Please email this AND a full body photo to the test panel coordinator at** [**michele@mywalkingcoach.com**](mailto:michele@mywalkingcoach.com) **by August 25, 2014.**