



HUNTINGTON HEALTH REVOLUTION 90-DAY CHALLENGE PLEDGE

Today's Date: _____ **Your height** (feet – inches): _____

Your FIRST name: _____ **Your weight** (pounds): _____

Your gender: ___ Male ___ Female **Your age:** _____

Please check any that apply to you:

- _____ I pledge to make the DIETARY changes during the 90-Day Challenge
_____ I pledge to make the EXERCISE changes during the 90-Day Challenge
_____ I pledge to make the SPIRITUAL/EMOTIONAL changes during the 90-Day Challenge
_____ I pledge to participate in the Community Walk on August 28, 2010
_____ I would like my name published in the paper as a participant in the 90-Day Challenge
(only your first name and age will appear in the paper)

_____ **Can we call you to see how you're doing?**

If so, please provide us with the best phone number for calling you to the right (include area code, please): () _____-_____

Please send to:

Huntington Health Revolution,
Ebenezer Medical Outreach Inc.
1448 Tenth Ave., Huntington, WV, 25701.

■ Check for the 90-Day Action plan,
news coverage and forums at <http://www.herald-dispatch.com/specialsections/healthrevolution>