

Steuben County's
BIGGEST LOSER

Application of consideration:

Name: _____

Age: _____

Weight: _____

Why do you want to be a contestant for Steuben County's Biggest Loser?

Can you make a 10 week commitment, once per week for 2-3 hours?

What are your weight goals?

Tell us a little bit about yourself:

Do you give permission to use your picture or likeness in any video or television program and website?

