

911 FITNESS CHALLENGE

TRAINER Name: _____

BODY COMPOSITION

RESULTS FORM

DATE: _____

TEAM NAME: _____

MEMBER NAME	WEIGHT	AGE	Site 1	Site 2	Site 3	BODY FAT %
JANUARY						
1						
2						
3						
4						
5						
APRIL						
1						
2						
3						
4						
5						

954-449-0416 -- FAX

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