



ABOUT YOU

Please print below

Name: _____

Email: _____ Phone: _____

City: _____ State: _____

ONE QUESTION

STRONGLY DISAGREE	1	2	3	4	STRONGLY AGREE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I feel better about my life than before ZP

ZP CHALLENGE

Select one challenge per entry. You may enter more than once.

ZP Fit ZP Food ZP Money ZP Family

Check the box each day you make a better choice.

Complete FIVE checkmarks per week — 20 Total.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTALS
SAMPLE	✓	✓		✓	✓	✓		5
WEEK 1								
WEEK 2								
WEEK 3								
WEEK 4								
	GRAND TOTAL (GOAL IS 20!)							

THE ZP QUESTION

Please answer the following question BELOW. You can write as little or as much as you'd like.

IF YOU COULD INSPIRE SOMEONE YOU CARE ABOUT TO IMPROVE HIS OR HER LIFE, WHO WOULD IT BE AND WHY?

Your participation in the ZP Challenge is strictly voluntary. The program is provided as a convenience for you and is intended for your benefit. As with any program involving a regimen of physical activity, there may be inherent risks. By registering for and participating in the program, you agree to assume all risks. You also agree to hold harmless WalMart, its parent, affiliates, directors, employees, contractors, agents and assigns for any or all losses, of whatever nature or kind, relating in any way to your participation in the program. Before starting any fitness or nutrition program, you should consult your physician. As individuals vary, so do results. Our privacy policy can be found at zpchallenge.com/privacy. For a complete set of contest rules, go to zpchallenge.com/rules.

SUBMIT ENTRY

1. Complete all information / Check-Marks
2. Answer ZP question
3. Take a photo of this entry and email to submit@zpchallenge.com