



2017 Challenge Administration Form

Thank you for your interest in organizing a Live Healthy Iowa (LHI) Challenge within your business, community or organization! Please complete this form and return to info@livehealthyiowa.org or fax to 515-292-3254 at your earliest convenience.

Company/Organization: _____ Eligible Population: _____
Contact Person: _____ Title: _____
Email Address: _____ Phone: _____
Address: _____ City: _____
State: _____ Zip: _____ County: _____
Past participants, please include your Group ID if known: _____

Payment Method

- Team captains will be responsible for the \$20 registration fee for each team member at the time of registration
Company/Organization will pay the \$20 registration fee for each participant*
Company/Organization will pay \$_____ of the \$20 registration fee for each participant with team captains paying the remaining amount at the time of registration*

*If the company/organization elects to pay for all or a portion of the registration fee, an invoice will be sent to the contact above after registration closes on February 6, 2017.

Marketing Materials: Electronic copies of the following promotion materials will be available in the toolkit on the Administrator dashboard, accessible after account setup. If you would like hard copies any of these materials, please indicated the quantity below.

Brochure: _____ Flier (8.5" x 11"): _____ Poster (11" x 17"): _____

Statement of Confidentiality:

- By selecting the confidentiality checkbox, I agree to keep participant information confidential and not use privileged information in any way other than the encouragement and promotion of the Live Healthy Iowa 10 Week Wellness Challenge.

Name: _____ Date: _____

- I am also interested in these other upcoming LHI challenges and events: LHI 5K Run/Walk | Apr 8
Strut Your Pup | Apr 17-May 26 Burst Your Thirst | Jun 12-Jul 21 The Next Step | Sep 11-Oct 20

For Office Use Only:
Assigned Group ID: _____ Date Materials Sent: _____