



2018 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 \$22 registration fee for each team member at the time of registration
- Company/Organization will pay the \$22 registration fee for each participant*
- Company/Organization will pay \$_____ of the \$22 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 5, 2018.

Marketing Materials: Electronic copies of the following promotional 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 indicate the quantity below.

Brochure: _____ Flier (8.5" x 11"): _____ Poster (11" x 14"): _____

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 14
- Strut Your Pup | Apr 16-May 25
- Burst Your Thirst | Jun 11-Jul 20
- The Next Step | Sep 10-Oct 19

For Office Use Only:

Assigned Group ID: _____ Date Materials Sent: _____