



2020 10 Week Wellness Challenge
Group ID/Subsidy Request Form

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

Company/Organization: _____ Employee Population: _____
Contact Person: _____ Title: _____
Email Address: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____ County: _____

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 January 27, 2020.

Marketing Materials: Electronic copies of a promotional flier and poster will be available in the toolkit on the Administrator dashboard, accessible after account setup. Please indicate below if you'd like a customized version, including the Group ID and/or Subsidy Code, for your company or organization. The customized flier and/or poster will be sent to you via email with account details.

Customized Flier: ___ Yes, please ___ No, thanks **Customized Poster:** ___ Yes, please ___ No, thanks

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 other 2020 Live Healthy Iowa challenges and events: **Strut Your Pup** | Apr-May
 Burst Your Thirst | Jun-Jul **The Next Step** | Sep-Oct **Live Healthy Iowa 5K** | Sep

For Office Use Only:
Group ID: _____ Subsidy Code: _____ Account setup: _____ Email sent: _____