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ADMINISTRATOR FORM

Thank you for your request to start a Live Healthy challenge within your business, community or organization! In order for Live Healthy to complete the set up of your group, please complete the following form and email to: alex@livehealthyamerica.com.

Administrator Contact Information:

Company/Organization: _____ Eligible Population: _____

Name: _____ Title: _____

E-mail: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Sonoma County: _____ Napa County: _____ Other, please specify: _____

Challenge Options & Payment Method:

Please indicate which of the following challenges your company will participate in. If your company will be participating, please select one pricing option (if available) and payment method for each challenge.

___ 10 Week Challenge- January 23- March 31, 2017:

Pricing Options:

- ___ \$24/participant (Includes T-shirt and Magazine Subscription)
- ___ \$12/participant

Payment Method:

- ___ Company pays entire fee
- ___ Company pays \$___ of fee and participants pay the remaining amount
- ___ Participants pay entire fee

Division: Do you want your participants to all participate in both challenge divisions or would you like them to choose?

- ___ All participate in both divisions- Activity & Weight Loss
- ___ Allow team captains to choose division(s) - Activity, Weight Loss or both

___ iWalk Challenge- June 12- August 18, 2017:

Pricing Options:

- ___ \$12/participant

Payment Method:

- ___ Company pays entire fee
- ___ Company pays \$___ of fee and participants pay the remaining amount
- ___ Participants pay entire fee

Registration Options:

If multiple challenges are selected above, the options indicated below will be applied to each challenge selected.

Department/Location List: (Optional) Would you like to break down your teams by department or location? If so, please send a list and Live Healthy will program it into your site.

___Yes ___No

Eligibility File: (Optional) Would you like to have an eligibility file uploaded to verify participants are employees? Eligibility file must include at least first name, last name and email address. Template file format will be sent if this option is selected.

Yes No

Logo: (Optional) Would you like to add your organization's logo to the marketing materials?

JPEG attached EPS attached No logo

Marketing Materials: Live Healthy will provide you with template PDF marketing materials to help promote the challenge, personalized with your organization's Group ID. Marketing Materials include: Coming Soon Poster, Poster and Registration Flyer.

Statement of Agreement: The undersigned acknowledges that _____(Organization) will participate in the Live Healthy Wine County Challenge selected above from 2017 Challenge Dates listed above. The Organization also agrees that all fees owed by the organization for any current or past challenges will be paid in full before participation in future LHWC Challenges. If fees are not paid, Live Healthy reserves the right to hold on the creation of marketing materials and group ID setup until payment is received.

Signature: _____

Printed Name: _____

Date: _____

For Office Use Only:

Assigned Group ID: _____

Date Materials Sent: _____