



ADMINISTRATOR FORM

Thank you for your request to start a Work Healthy Live Healthy challenge within your business, community, or organization! In order to complete the set-up of your group, please complete the following form and email to: teresa.scott@stjoe.org.

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.

____ Elevate 10 Week Wellness Challenge - January 22- April 1, 2018:

Pricing Options:

- \$24.99/participant (Includes T-shirt)
- \$12/participant

Payment Method:

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

____ iWALK Challenge - August 27- October 7, 2018:

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 the individuals 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: Work Healthy 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 Work Healthy Live Healthy Challenge selected above from 2018 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 Work Healthy Live Healthy Challenges. If fees are not paid, Work Healthy 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: _____