

Employer Health Coalition Meeting

Past FitOne Participation/Word of Mouth

2017 FitOne Healthy Business Challenge Team Registration Form

Please return to Samantha Vella by August 31, 2017

Email: fitoneinfo@slhs.org

Team members can Run, Walk or Volunteer!

Other _____

	Set-up Deadline: Aug. 31, 2017 Member Registration Deadline: Mi	dnight, Sept. 10, 2017					
	_	Team Name:					
Team	Captain first and last name:						
Team	Feam Captain direct phone: Cell phone:						
Team	Captain Email address:						
Compa	any Mailing Address						
City, S	tate, Zip:						
Compa	any Main Phone:						
Please awards particip team e	e select one. This is the category your select one. This is the category you so with the selection of the Healthy Business Challenge to mployees will be counted towards the selection.	Large (250-749 employees) X-Large (750-1,499 employees) XX-Large (1,500+ employees)					
•	If yes, what portion of team membe	r a portion of team member registration fees? YES NO r registration fees will you be paying? (% or \$)					
•	If yes, please provide information for	or the person who will finalize the company's payment portion.					
Name:							
	Payment must be made NO LATE	Email: R than Monday, September 25, 2017.					
How did	d you hear about the FitOne Healthy Bu	siness Challenge? Please select all that apply.					
□ Idal	dio VB/Television or KTVB.com ho Statesman/Newspaper/.com ho Business Review Newspaper/.com amber of Commerce Event	 Online Web Banner Advertisement Email Promotion Company HR/Employee Wellness HRATV Meeting Direct Mail to our business 					