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 return to cyndi@livehealthyamerica.com.

Administrator Contact Information:

Company/Organization: _____ Eligible Population: _____

Name: _____ Title: _____

E-mail: _____ Phone: _____ Fax: _____

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

Preferred Method of Contact: ___Phone ___Email

Please indicate which steps fee option you will be using:
___ Pedometer Shipped to Team Captains- $20
___ Pedometer Bulk Shipped to Administrator- $15
___ No Pedometer- $10

Payment Method:
___ Company pays entire fee
___ Company pays $___ of fee and participants pay the remaining amount
___ Participants pay entire fee

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

Employee ID: (Optional) Do you need to collect Employee ID # to confirm participants are employees of your company?
___ Yes ___ No

Eligibility File: (Optional) Would you like to have an eligibility file uploaded to verify participants are employees?
___ Yes ___ No

Logo: (Optional) Would you like to add your organization's logo to the website?
___ 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!

Statement of Agreement: The undersigned acknowledges that_____ (Organization) will participate in the Live Healthy Plano Step 2 It Challenge from May 4th-June 26th, 2015.

Signature: _____

Printed Name: _____

Date: _____

For Office Use Only:
Assigned Group ID: _____
Date Materials Sent: _____