



## 2019 The Next Step Challenge Group ID Request Form

**Thank you** for your interest in organizing a Live Healthy Iowa Challenge within your company, community or organization!

To obtain a Group ID for challenge registration, please complete this form and return to LHI at [info@livehealthyiowa.org](mailto:info@livehealthyiowa.org) or fax to 515-292-3254 at your earliest convenience.

Company/Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Number of Employees/Members: \_\_\_\_\_

### Payment Method:

- Team captains will be responsible for the \$10 registration fee for each team member at the time of online registration (payment by credit card)
- Company/Organization will pay the \$10 registration fee for each participant\*
- Company/Organization will pay \$\_\_\_\_\_ of the \$10 registration fee for each participant\* with team captains paying the remaining amount at the time of online registration\* (payment by credit card)

\*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 September 16, 2019.

### 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 Live Healthy Iowa's The Next Step Challenge.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **For Office Use Only:**

Assigned Group ID: \_\_\_\_\_

Date Materials Sent: \_\_\_\_\_