No Weight Gain Contest 2015-16

Submit by Email

Print Form

or fax to 724-8150

Certificate of Completion Form

If attend a weigh-out event, please bring this form with you to be completed by the host. If you weigh-out at home, please submit to Employee Wellness no later than **January 31, 2015**.

Please complete the following information for credit.

EIN: _____ **Name:** _____

Weigh-out Location:

☐ **At Home**

☐ **Work-site Location:** _____

Completion Date: _____

Weight Results: _____

☑ **I would like to be entered into the $100 gift card drawing.**

By maintaining (within 2 lbs.) or losing weight you will:

- Be entered into a drawing for a **$100 Corporate Rewards gift card**.
- Earn **Healthy Lifestyle Activity Points (HLAPs)** based on your weight loss success.

Weight Loss Results	HLAPs
Maintain within 2lbs of initial weight	20
Lose between 2-4.9% of initial weight	25
Lose 5% or greater of initial weight	30

CONGRATULATIONS and HAPPY NEW YEAR!

Employee Wellness
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