

**Wellness Prize Request 2021-2022**

**Wellness Champion:** \_\_\_\_ Click or tap here to enter text.\_\_\_\_

**School or Department Site:** \_\_\_\_ Click or tap here to enter text. \_\_\_\_

**Date:** \_\_\_ Click or tap here to enter text. \_\_\_\_ **Check One:**  [ ] Fall Semester [ ] Spring Semester

**Activity Details:**

* Name of activity: \_\_\_ Click or tap here to enter text. \_\_\_
* Date of event: \_\_\_ Click or tap here to enter text. \_\_\_
* Explanation of activity: Click or tap here to enter text.
* Explanation of how prizes will be used: Click or tap here to enter text.

**You are allowed 15 prizes.**

**Select the prize items you want and indicate how many:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prize Item** | **How Many** |  | **Prize Item** | **How Many** |
| Cooling Towels |  | Reusable Shopping Bag |  |
| Gym Bag |  | Tumbler |  |
| Stackable Lunch Set |  | Umbrella |  |
| Wellness T-shirt | **S** Click or tap here to enter text. **M** Click or tap here to enter text. **L** Click or tap here to enter text. **XL** Click or tap here to enter text. **2XL**Click or tap here to enter text. |

**Completed form due to Wellness Coordinator at least 3 weeks before event.****Email from to Carla Cosio at** **ccosio@fhcp.com** **or** **cccosio1@volusia.k12.fl.us** **or send via inter-office mail to Carla Cosio at Benefits.**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Office Use Only \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Date request received: \_\_ Click or tap here to enter text.\_\_\_

Current Allowance Balance: \_\_ Click or tap here to enter text.\_\_\_ Remaining Allowance Balance \_\_\_ Click or tap here to enter text.\_\_\_

Request approved by: \_\_\_\_ Click or tap here to enter text. \_\_\_\_

Reason Request not approved: Click or tap here to enter text.

**Items delivered via:** [ ] Wellness Coordinator [ ] VCS interoffice mail Date: \_\_ Click or tap here to enter text.\_\_