

BUILDING / GROUP WELLNESS ACTIVITY REQUEST FORM

EVENT CONTACT(S)



Name(s) of organizer(s) _____

Location/Building _____

Building Administrator's has approved*

Yes

No

Today's Date _____

*Please get approval from your building Administrator prior to submitting this form to the Employee Wellness Coordinator.

EVENT DETAILS

Name of Wellness Event _____

Date of event _____

Time of event: _____

Wellness Event requested will be:

A Single Event

Multiple Events/Sessions (meet more than 3 times)

Focus of health improvement: (circle all that apply)

Fitness Nutrition Healthy Weight Stress Self-care Other _____

How many participants are expected to participate _____

(A minimum of 10 participants are required for a group event)

Please indicate the number of maximum capacity for room and/or seating _____

Send completed form to:

Isabel Kurita

Employee Wellness Coordinator

District Service Center

Or

Scan and e-mail to isabel.snell@boiseschools.org

- Once approved, a link will be sent to organizers
- Next, forward the provided link to guests so they can register for the approved event.
- Upon the completion of event, all attendees will be verified and receive the appropriate REWARD points.