

We invite you to join us for the 2nd Annual Chamber Wellness Challenge

- Yes! My company would like to participate in the Gilbert Wellness Challenge. I understand that the cost per employee is \$10, which includes:**
- **Kick-off Breakfast event-August 16th**
 - **Health and wellness packet and discounts to local health facilities**
 - **Weekly health and wellness tips**
 - **Opportunities to win incentive prizes**
 - **Program completion certificates**
 - **Health screening**

Company Name: _____

Team Captain: _____

Phone: _____ Email: _____

Team Participants:

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

Deadline is Thursday, August 10. Please mail to the Gilbert Chamber of Commerce at 119 N. Gilbert Rd., Ste. 101, Gilbert, AZ 85234 or fax to 480-892-1980.

Total Enclosed: \$ _____ (\$10 per employee)

- Check (Please make checks payable to Gilbert Chamber of Commerce)
- Visa
- MasterCard
- Credit Card # _____
- Expiration date _____

Signature: _____



Mercy Gilbert Medical Center
A member of CHW



YOUR BUSINESS COMMUNITY ADVOCATE

