

Holiday WELLNESS CAMPAIGN CHALLENGE

Please complete this form entirely to help us describe your company/wellness program. Please return to utahworksitewellnesscouncil@gmail.com with supporting materials by **December 18th**.

COMPANY INFORMATION

Employee Name	_____	Employee Position	_____
Employee Email	_____	Company Name	_____
Company Size	_____	Company Industry	_____
Multiple Locations?	_____		
How long have you had a wellness program?	_____		
How many employees run your wellness program?	_____		

CHALLENGE DETAILS

Describe the challenge in a brief paragraph:

How many employees participated? _____

How did you promote the wellness challenge? _____

How much time did you put into running the challenge? _____

How much did it cost to run the challenge? _____

What incentive did you offer if any? _____

What would you change if you ran the same challenge again? _____

Describe your communication timeline for the challenge:

PARTICIPANT FEEDBACK

What did your employees enjoy about this challenge?

What would they like to see different?