



Creative Foam Corporation

Healthy Event

Submission Form

**Employee Information**

Employee # \_\_\_\_\_

Name: \_\_\_\_\_

Location: \_\_\_\_\_

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Event Name: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Date: \_\_\_\_\_

Please check and provide one of the following:

- Picture/Copy of Sign in Sheet
- Picture/Copy of Bib Number
- Picture/Copy of Race Results
- Picture/Copy of Certificate
- Picture of Employee Participating in Event

➤ Return the completed form and documentation to [wellness@creativefoam.com](mailto:wellness@creativefoam.com) for credit.