**ISAC Wellness Program**

**County Sponsored Event Approval Sheet**

**ISAC MUST receive this form for approval BEFORE you hold your event**

County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form completed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Event \_\_\_\_\_\_\_\_\_\_\_

Speaker/Presenter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Please describe the program and what your objective is in implementing this program? |  | | |
| How is your speaker qualified to present this topic? |  | | |
| How does this program promote positive lifestyle behaviors? |  | | |
| Please circle the Wellness Pillar this event will fall under. | PURPOSE PHYSICAL MINDFULNESS  SOCIAL BALANCE NUTRITION  FINANCIAL COMMUNITY | | |
| Are you planning to use incentives for participation? If so, what? |  | | |
| Cost per participant: |  | Total cost: |  |

The form needs to be submitted to ISAC 15 days prior to the start of the program. **If this form is not submitted, you run the risk of having the event denied.**

Mail them to: ISAC Wellness Program, 5500 Westown Pkwy #190,

West Des Moines, IA 50266 email: wellness@iowacounties.org