



Wellness Event Request Form

The *LiveWell* mission is to cultivate a culture of wellbeing through holistic programs, resources, and policies that empower employees to lead healthier lifestyles. Event requests will be reviewed and are subject to approval. Submit requests to: LiveWell@Montgomerycountymd.gov.

REQUESTED DATE, TIME, AND LOCATION

Please give three (3) options in order of preference:

1. Click or tap to enter a date.
2. Click or tap to enter a date.
3. Click or tap to enter a date.

Requested Time: Hour:Minute AM/PM

Location: Click or tap here to enter text.

Activity Objective: Click or tap here to enter text.

EVENT TYPE

- ☐ Fitness Activity (please specify): Click or tap here to enter text.
- ☐ Day with a Dietitian
- ☐ Fire Station Visit
- ☐ Health Information Table (topic: Click or tap here to enter text.)
- ☐ Virgin Pulse Health Station and Registration Table
- ☐ Wellness Presentation (topic: Click or tap here to enter text. length: Click or tap here to enter text. notes: Click or tap here to enter text.)
- ☐ Other (please specify): Click or tap here to enter text.

EVENT LOGISTICS

Estimated Number of Attendees: Click or tap here to enter text.

Location of event (e.g., conference room, auditorium): Click or tap here to enter text.

Size of space: Click or tap here to enter text.

Technology Available (e.g., computer, projector, screen): Click or tap here to enter text.

CONTACT INFORMATION

Requestor Name: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Address: Click or tap here to enter text.

Date Submitted: Click or tap here to enter text.

ADDITIONAL INFORMATION

Please provide any other details or information about the requested event:

Click or tap here to enter text.