

Aerobic Winter Challenge Team Receipt



WORKSITE or COMMUNITY

Please specify worksite: _____

TEAM NAME: _____

General participant fee: \$10 / *Subsidized participant fee: \$5

PARTICIPANT NAME (please print) (TL=TEAM LEADER)	AMOUNT RECEIVED		
	Entry Fee	T-Shirt Fee	Total
1. (TL)			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Totals			

***Employees of the following agencies have a discounted fee:**

- ❖ *Coconino Community College (temporary, part-time, and full-time) employee fee is \$5.*
- ❖ *Grand Canyon Conservancy (temporary, part-time, and full-time) employee fee is \$5.*
- ❖ *Native American's for Community Action (temporary, part-time, and full-time) employee fee is \$5.*
- ❖ *Mountain Line (temporary, part-time, and full-time) employee fee is \$5.*
- ❖ *Northern Arizona Healthcare (part-time and full-time) employee fee is \$5.*
- ❖ *Northern Arizona University benefit-eligible employee fee is \$5. Available to benefit eligible employees only!*

All employers listed above provide their employees with a wellness subsidy to cover ½ the cost of registration.

Please submit team receipt, registration forms, and fees to Coconino County Health & Human Services by **October 23rd, 2020**. Questions? Call Tiffany Kerr at 928-679-7268 or email awc@coconino.az.gov

TEAM NUMBER _____

For internal use only.