



LIVE WELL

WW® Team Member Completion Form

Program Completion

I have attended a workshop or logged in 13 out of 16 weeks and am requesting the Points Reward.

Check here _____

Weight Loss Goal

I reached my 10% weight loss goal during the 16-weeks and am requesting the \$100 PulseCash Reward.

Check here _____

Name: _____ Badge: _____

Participation Dates (To-From) _____

Start Weight _____ End Weight _____

This form must be accompanied with proof (i.e. screen shots from website or app of weight table) with start date weight, weekly login, and 16-week weight.

To redeem your \$100 PulseCash and/or Points, complete this form and email it to teamwellness@tgh.org or bring it to the Fitness Center located at 1 Davis, 3rd Floor.

Please note you must participate under the Tampa General Hospital WW® program to qualify.