

Labor-Management Healthcare Fund Walk-AND-Win Walking Competition

FINAL STEP SUBMISSION FORM

CONGRATULATIONS!!!

You've completed the first annual LMHF Walk-And-Win Competition!!

Please complete the form below and sign the statement below attesting to your step count.

This document must be emailed to lmhfwalkandwin@lmhf.net
or faxed to 716-601-7984 no later than **MONDAY AUGUST 26, 2019.**

*Forms can also be mailed to 3786 Broadway, Cheektowaga NY 14227
but must be postmarked by **MONDAY AUGUST 26, 2019***

Name _____
Address _____
Phone Number _____
Email Address _____
Employer Name _____

TOTAL 6-WEEK STEP COUNT _____

ATTESTATION OF PARTICIPATION

I attest that I, personally have actively participated in the
LMHF Walk-And-Win Competition.

The number of steps provided to LMHF is accurate and factual.

I affirm that my submission is the truth.

NAME

DATE

SIGNATURE
