

Exercise Challenge 2010

Health Promotion Department

Exercise Challenge 2010 is a FREE, ten week exercise program that begins February 1, 2010. This program is designed to promote a healthy lifestyle and encourage people to get regular aerobic exercise. For more information please call the Health Promotion Department at 759-1890.

Any organization may enter the program by completing the Entry Form below and naming a coordinator who will be responsible for implementing the program at the organization. Entry Form must be returned by January 22, 2010. Organizations that excel in their category will receive awards.

A heart healthy exercise program should include at least 30-60 minutes of aerobic activity three to four times a week. To promote this level of fitness, all individuals who exercise at least 90 minutes per week during the 10 weeks will be eligible for drawing prizes. Prizes will include: gift certificates from local retailers, Exercise Challenge gear and other prizes.

Twice during the program coordinators must add up and call (759-1890), fax (753-5115) or email (mreyes@svmh.com) the total minutes of exercise for the organization and determine whether each individual is eligible for the drawings. The Progress Charts will also need to be mailed in for verification at the end of the program.

By submitting this Entry Form the organization agrees to display the Exercise Challenge Progress Charts provided by Salinas Valley Memorial Healthcare System in an accessible place for employees/members to use. The organization also agrees that the person named below will serve as coordinator for this program and will be allowed up to two hours per month to communicate with SVMHS and to record and deliver the information during the program for the months of February through April.

Entry Form (please print)

Name of Organization _____

Address _____ City _____ Zip _____

CEO of Organization _____ Number of Employees/Members _____

Daytime Phone _____ Fax# _____ Email Address _____

Exercise Challenge Coordinator _____ Signature _____

Please return this portion to Salinas Valley Memorial Healthcare System (address on back) or fax to 753-5115 by January 22, 2010.