



NTIC Wellness Program Participant Referral Form

I am referring _____

First and Last name of referred person

School District where the referred person works _____

Home Zip Code _____

The person who is referred **must not** have participated in the 2020-21 program year.

Signature: _____

Signature of Employee who is making the referral

Printed Name: _____

Date Signed: _____

School District: _____

Date of Birth: _____

Please email this form back to Courtney Sexton at csexton@iu17.org. You will receive 25 points per referral and you may refer up to 2 individuals per program year. You and the person who is referred must at least complete the Silver Level (175 points) for the referral points to apply. Please only refer ONE person PER form.