



## 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 2022-23 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](mailto: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.**