



Wellness Center
Essay Contest Application

Note: Please refrain from any contact with the owner during the contest as it may invalidate your entry. Submission is complete when application, essay, and payment are ALL completed and received.

PERSONAL

Name: _____

Mailing Address:

Street _____

City _____

State _____ Zip: _____

Phone: _____

Alternate Phone: _____

E-Mail: _____

Date of Birth: _____

Release Statement:

I, the undersigned, do understand, have read, and have completed this questionnaire truthfully. I do understand and have read the Wellness Center Essay Contest Official Contest Rules. I understand that withholding information or providing misinformation may invalidate my entry.

Print Name: _____ Date: _____

Signature _____