



Embrace your Path Referral Program

I am referring _____
First and Last name of referred person

School District/College _____ to whom the
referred person works.

Home Zip code _____

The person who is referred must not have participated in the 2020-2021 wellness year.

Signature: _____
Signature of Employee who is making the referral

Printed Name: _____

Date Signed: _____

School District or College: _____

Zip Code: _____

Date of Birth _____

Please email this form back to Carmen Terry at cterry@iu17.org. You will receive 25pts for a referral and you may refer up to 2 people. You and the person who is referred must at least attain the bronze level of points for points to apply.