



IEHA: GOES EXTREME YEAR END REPORT

Due Date: May 15, 2011

COUNTY _____

DISTRICT _____

Number of Members participating: _____

Number of Non-members participating: _____

***Name of County Winner with Highest Percentage of Weight Loss:**

Name: _____ % of Weight Loss: _____
Must include

***Name of County Winner Logging the Highest Number of Days Exercising:**

Name: _____ # of Days Exercising: _____
Must include

Comments:

Suggestions:

Submitted by: Name: _____

Address: _____
Road/Street, City, State, Zip Code

Phone: _____ Email: _____
Include Area Code Please print legibly

**Send to: Barb Keyes
1478 W. 500 S.
Peru, IN 46970**

Due Date: May 15, 2011