



## ***Mayors Wellness Campaign Pledge of Participation***

***As Mayor of \_\_\_\_\_ I pledge to work collaboratively with the Mayors Wellness Campaign to implement new programs which will promote active living and healthier lifestyles for the men, women, and children of our community. I am committed to evaluating and reporting the programs we implement in our community.***

***Signed***

***Date***

\_\_\_\_\_

\_\_\_\_\_

***Print your name:*** \_\_\_\_\_

***Phone*** \_\_\_\_\_

***Email*** \_\_\_\_\_

***County*** \_\_\_\_\_

***Zip Code*** \_\_\_\_\_

### ***Contact Person***

*Who in your town should the Mayors Wellness Campaign contact with additional information?*

***Name*** \_\_\_\_\_

***Title*** \_\_\_\_\_

***Phone*** \_\_\_\_\_

***Email*** \_\_\_\_\_

*This form signifies your town's participation in the Mayors Wellness Campaign. The Mayors Wellness Campaign is an initiative of the New Jersey Health Care Quality Institute to make health and wellness a priority in New Jersey's communities.*