

## Wellness Wallet Event Verification

**Please complete this box prior to event attendance. Type in your answers to this section, and then print this sheet and bring to the event.**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Class Section Number: \_\_\_\_\_ Instructors Name: \_\_\_\_\_

Name of Event: \_\_\_\_\_

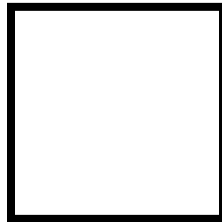
Sponsoring Organization: \_\_\_\_\_

Wellness Dimension: \_\_\_\_\_

*Note: The appropriate dimension for the event can be found on the Wellness Wallet event calendar. An event can only count for one dimension (social, physical, or intellectual).*

**Please complete this section at the event.**

Wellness Wallet Stamp for Attendance:



**Please complete this section before submitting this form. (This should be handwritten)**

1. In 3-4 sentences briefly summarize the event you intended. (I.e. the events purpose, message conveyed, information learned, etc.)
2. In 3-4 sentences describe how this event impacted, challenged, or confirmed your original concept of this wellness dimension.

*All completed event verification forms should be submitted to the Health Promotion Office (MSAB 130) or scanned and emailed to [dabneya2@unk.edu](mailto:dabneya2@unk.edu)*