

**King County Weight Watchers at Work®  
Healthy Incentives<sup>SM</sup> Program Attendance Form**

**Participant name:** \_\_\_\_\_

**Healthy Incentives ID:** \_\_\_\_\_

**Participant phone:** \_\_\_\_\_

**Participant email address:** \_\_\_\_\_

	Meeting location	Date	Meeting leader	Meeting leader's signature
1.				
2.				
3.				
4.				
5.				
6.				

My proof of payment is paying through the King County Weight Watchers® portal

\_\_\_\_\_

(Initial here if this is your proof of payment)