



2013 Healthy at H-E-B Slim Down Showdown Community Contest - Application

APPLICATIONS DUE 10/21/2012. Potential contestants will be notified of their selection on or before 12/15/2012 and will be required to provide additional personal information to facilitate background checks, including Driver's License number and Social Security number.

Tell Us About You

First Name _____ Last Name _____
 Gender _____ Date of Birth _____
 Address _____
 City _____ Zip Code _____
 Best Contact Phone Number _____ E-mail _____
 How did you hear about the contest? TV _____ Radio _____ In-store sign _____ Newspaper ad _____
 Facebook post _____ heb.com _____ Facebook ad _____ Other: _____

What is your height? _____ What is your current weight? _____

What is your t-shirt size? _____ What is your athletic shoe size? _____

Additional Information

Are you related to an employee of HEB Grocery Company, LP, Cooper Corporate Solutions, or Methodist Healthcare System of San Antonio? Yes _____ No _____
 If "yes", please define the relation _____

Have you ever worked for H-E-B? Yes _____ No _____
 If yes, specify dates of employment _____

Would you be willing to document and share your experience with others via www.HEB.com or other related media? Yes _____ No _____

How would you rank your computer experience? Beginner _____ Intermediate _____ Advanced _____



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Why or why not?

Have you tried any specific diets in the past?

Yes _____ No _____

If so, which ones and when did you try them?

What were the results?

What is your biggest barrier in making a "healthy" change?

How do you think the Slim Down Showdown challenge will help you?

Do you think you are ready to make a lifestyle change now? If 'yes', please describe why.

Yes _____ No _____



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What kind of support system do you have in place to help you with your journey?

If you win (either the Grand Prize or the Fan Favorite Prize), what would you do with the cash winnings?

Did you include a printed photograph of yourself? Yes No

Did you include a video? Yes No

Have you read, and do you agree to comply with, the Official Rules? Yes No

By signing below, you acknowledge that all information disclosed in this application is accurate to the best of your knowledge.

Signature of applicant is required for consideration.

Printed Name of Applicant

Signature of Applicant

Date



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Please mail your completed application along with photograph and video to:

H-E-B

Attn: COMMUNITY H-E-B Slim Down Showdown Contest

646 South Main Avenue

North Building – 1st Floor

San Antonio, Texas 78204

CHECKLIST (Must have all)

- Completed Application (required)
- One (1) Printed Photograph (required)
- One (1) Video (required)

This contest is not a substitute for the sound medical advice of your doctor. If you have any questions or concerns regarding your medical condition or your ability to participate in this contest, you should discuss them with your doctor.