



**BetterHealth**  
**AMBASSADOR**  
CITY OF ALBUQUERQUE

**Submit this form to:**  
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# INCENTIVE REQUEST FORM

Ambassador Name: \_\_\_\_\_

Location: \_\_\_\_\_

Brief description of how incentive will be used: \_\_\_\_\_

\_\_\_\_\_

**INCENTIVE:**

- Nalgene Water Bottles:** How many: \_\_\_\_\_
  
- Pens:** How many: \_\_\_\_\_
  
- Drawstring Backpacks:** How many: \_\_\_\_\_
  
- Spark Adventure:** How many: \_\_\_\_\_
  
- Jump Ropes:** How many: \_\_\_\_\_
  
- BetterHealth Sticky Notes:** How many: \_\_\_\_\_
  
- Starbucks Gift Cards:** How many: \_\_\_\_\_

*\*\*All items are approved case-by-case and while supplies last*