THE "I QUIT" CHALLENGE SIGN-UP SHEET

Congratulations! You've made one of the most important decisions toward a healthier life by participating in the "I Quit" Challenge and trying to quit tobacco use in any form. If you are a non-user or ex-user of tobacco, you can be an important part of the challenge by providing support and motivation to your co-workers who are trying to quit.

Name	**Contact Information** Phone/E-mail	**Role** 1. Quit Tobacco Use 2. Provide Support	**Duration** 1, 2, 4, 6 or 8 weeks

Challenge Coordinator _____

Challenge begins on _____

1-800-QUIT NOW

NORTH CAROLINA Health Wellness TRUST FUND

TPC HC Tobacco Prevention and Control Branch

North Carolina HEALTH Smart