



WCSD Wellness Program

Race and Wellness Reimbursement Request Form

First Name: _____

Last Name: _____

☐ Employee

☐ Spouse

☐ Retiree

Employee ID: _____

☐ Certified

☐ Classified

☐ Administrative

☐ Yes ☐ No Current District health insurance?

Race Name: _____

Race Fee \$ _____

Bib Number: _____

Finishing Time: _____

Date of Race: _____

Competition/Challenge Name: _____

Event Fee: \$ _____ Business Name Hosting the challenge (if Applicable): _____

Date of Competition: _____ Type of Competition: _____

Please complete this form and submit with your proof of registration, proof of payment, and proof of race time or competition completion documents. All three items need to be attached with this form for consideration. You may submit your documents by email to wellness@washoeschools.net

Incomplete forms and/or inadequate documentation are not eligible for reimbursement. All WCSD employees, retirees and spouses with District health insurance are eligible for reimbursement. All employee reimbursements will be paid through your regular payroll checks. You must submit documentation no later than June 1, 2025, for the year 2024 races/competitions. Races/Competitions completed before the year 2024 are no longer eligible for reimbursement. Please note that you may be reimbursed for up to two races or competitions per calendar year.

Questions? Please contact WCSD Wellness: wellness@washoeschools.net