

FITNESS REIMBURSEMENT FORM - FITNESS CLASS



1. Complete the Associate Information and Fitness Class Information portion of the form. Have a fitness instructor OR club representative sign the form.

2. Include with this form a receipt of your payment and a completed punch card or Fitness Tracking Card showing your attendance at the classes/session within five (5) business days after the class has concluded

NOTES:

- Fitness Class Reimbursements are made following the completion of the session and are contingent to the submission of proof of payment (i.e. receipt) and Fitness Tracking Card showing you attended at least 75% of the classes offered in that particular session or upon the completion of a punch card.
- All reimbursements are subject to applicable federal, state, and local taxes.

ASSOCIATE INFORMATION

Name:	Spouse Name: (if applicable)
Associate ID:	
Facility Location:	

FITNESS CLASS INFORMATION

Fitness Class Name:
Duration of Class Session: _____ OR Number of Classes Purchased: _____
Total Cost of Class Session: \$_____ OR Total Cost of Classes Purchased: \$_____

SIGNATURE

Signature of Associate:	Date:
Signature of Club Representative and/or Fitness Class Instructor:	Date:

GRANDE HR USE ONLY

Date Received: _____ Membership Year: _____

New Enrollee: Y/N

*** Please remember to include with this form a receipt of your payment for the classes and a completed punch card or Fitness Tracking Card showing your attendance at the classes throughout the session.**

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