

FITNESS REIMBURSEMENT FORM –

FITNESS CLASS



To enroll in this benefit, 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 ten (10) business days after the class has concluded.

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

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