

Gym Reimbursement Verification Form

You must submit the following information **every** session:

Session # _____

Name: _____

Mailing Address: _____

School/Work Location: _____

Name of Facility/Gym: _____

Facility/Gym Employee Signature _____

Facility employee signature above constitutes agreement that the facility promotes cardiovascular wellness. False statements will result in a denial of reimbursement.

My signature below affirms that all of the information I have submitted is full, complete, and true to the best of my knowledge.

Member Signature _____ **Date:** _____