



## Request For Reimbursement Coupon

Member ID#: \_\_\_\_\_ Member Name: \_\_\_\_\_

Gym Name: \_\_\_\_\_

Gym Address: \_\_\_\_\_

Month / Year: \_\_\_\_\_ Total Charge \$ \_\_\_\_\_

Please provide all information above and attach your receipt(s) and proof of membership.

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Gym Name: \_\_\_\_\_

Gym Address: \_\_\_\_\_

Month / Year: \_\_\_\_\_ Total Charge \$ \_\_\_\_\_

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Member ID#: \_\_\_\_\_ Member Name: \_\_\_\_\_

Gym Name: \_\_\_\_\_

Gym Address: \_\_\_\_\_

Month / Year: \_\_\_\_\_ Total Charge \$ \_\_\_\_\_

Please provide all information above and attach your receipt(s) and proof of membership.

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You may be reimbursed for up to \$25 per month. Reimbursements with complete documentation can take up to 30 days. Reimbursements with incomplete information can take longer.