

Ohlone Employee Fitness and Wellness Program



Registration



Name	
E-mail	
Phone () -	

Primary Location

Please indicate which location represents where you will usually be exercising.

Fremont

Newark

Enrollment Options

Please indicate how much you would like to give on a monthly basis to the Employee Fitness and Wellness Program.

\$5.00

(Minimum amount to enroll)

\$10.00

Other _____

(Amounts over the \$5.00 minimum are considered donations tax deductible to the extent of the law.)

Agreement (please check)

_____ Yes, I would like to participate in the Ohlone Employee Fitness and Wellness Program. Please deduct the amount indicated above for each pay period designated to the Employee Fitness and Wellness Program

Signature	
Date	

Please Print and return completed form to the Exercise Science and Wellness Division Office.

Signature: _____ Date: _____

(Division approval needed prior to Payroll submission)