



Wellness Rewards Program RECREATION CENTER VERIFICATION FORM

Employee Name _____ Department _____

This form for the Wellness Rewards Program provides verification that you completed an exercise class at the **City of Anderson Recreation Center**.

Please Submit Completed Form to the Benefits Office

Class Attended: _____

Date _____ Time _____

Instructor's Signature _____

I confirm that I attended the class listed above.

Employee Signature _____