

**MOUNTAIN**wise



# 2016-2017 WELLNESS OPPORTUNITY POINT VOUCHER

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

Department: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Date: \_\_\_\_\_

Program Location: \_\_\_\_\_

Sign Here: \_\_\_\_\_

Date: \_\_\_\_\_

It is your responsibility to submit this voucher within 30 days of the program attended (no later than 6/5/17).  
Please send the voucher via interdepartmental mail to Jenifer Pressley at the Recreation Center.

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