



Wellness Program Enrollment Form

Name: _____
(please print clearly)

Department: _____ Location/ Room #: _____

Phone number/extension: _____

E-mail address: _____

Note: If email communication is not accessible, please list preferred address to retain wellness materials and communications: _____

Please Circle Preferred Total Wellness Team Member Incentive Gift

Black Slaxenger Competition 12 Can Cooler
Or

Black Gemline Expedition Backpack (holds computer and/or fitness gear)

Return to Tiffany Kari or Julie Geissler at Duluth's GSC Room 200

(Human Resources Use Only)

Participant received materials (guide & tracking card)



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