ATTACHMENT V

APPLICATION FOR PARTICIPATION
OAK RIDGE OPERATIONS OFFICE EMPLOYEE FITNESS PROGRAM

Name: _____
Last First Middle Initial

Address: _____
Street City - ZipCode

ORO Organization: _____ Phone No: _____

Name of Health Club/Fitness Center: _____

Estimated Annual Membership Fee: $ _____

_____ _____
Employee Signature Date

SEND COMPLETED APPLICATION TO:
TINA ARD, Y-12 Site Office, Building 9106, Room 35 (Y12-20), or fax to 865-576-1237.
For additional information, visit the Wellness Program website at:
http://www.oakridge.doe.gov/goodhealth/