

**Effective October 1, 2009 all gym memberships will require proof of participation.** You must show proof of participation at the gym (50 times during a 6-month rebate period) in order to receive a rebate. Have a gym employee **sign and date** your visits and **return it with the rebate form to the address or fax below.** Please see the WOW! Rebates form for dates of eligibility.

	Date	Signature		Date	Signature
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25			50		

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Send complete attendance sheet and rebate form to:**  
**MaineHealth WOW! 465 Congress Street, Suite 701, Portland, ME 04101**  
**Or, fax to: (207)-541-7548**

Questions? Email: [mainehealthwow@mainehealth.org](mailto:mainehealthwow@mainehealth.org) or Phone: 1-866-WOW-6090

*Please keep a copy of this form for your records.*