



50900 Corporate Drive
Macomb MI 48044
Tel: 586.263.5100
Fax: 586.203.4682
Contact: Talei Berger

2019 OFFSITE Events / MyLIFESTYLE

Your Name: _____

☐ Three (3) events = full credit for MyLIFESTYLE

☐ Five (5) events = full credit for MyLIFESTYLE and up to \$50.00 reimbursement fees

**You MUST attach registration form and race results as proof of completion for each event.*

	Date	Event Name	Fee Paid	Registration Attached?	Results Attached?

(Office Use Only)

✓HR Approved:	Sign:	Date: / /
✓\$50.00 paid to:	(print name):	Date: / /
✓Account approval per K Donnellon GL Health Account # to offset		