



Monthly Gym/Physical Activity Attendance Stamp Request Form

Please have a representative/physical activity class instructor sign and date the form below when you attend the facility/class during the month requesting a stamp. Once completed, please scan and email or interoffice mail to Tara Martin in Public Health (tmartin@co.rockingham.nc.us)

Employee Name: _____

Facility/Class Attendance: _____

Date Attended: _____

Signature of Facility/Class Representative: _____



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