|  |  |  |
| --- | --- | --- |
| DOWNTOWN AKRON PARTNERSHIP PARTICIPATION FORM | Calendar  Description automatically generated |  |



# Instructions

Complete the form in its entirety, including a signature from the Downtown Akron Partnership program leader to receive Virgin Pulse Points. Please return the completed form to the [*Wellness Team*](mailto:thewellnessteam@summitoh.net?subject=Summit%20Metro%20Parks%20Activity%20Form) via email or drop it off at our office.

# Employee Information and Activity Details

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name |  | Employee ID (8-digits) |  |
| E-mail |  | Phone |  |
| Office |  | Department/Agency |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Date |  |  | Program | Activity |
| Monday |  |  |  |
|  |  |  |  |
| Tuesday |  |  |  |
|  |  |  |  |
| Wednesday |  |  |  |
|  |  |  |  |
| Thursday |  |  |  |
|  |  |  |  |
| Friday |  |  |  |
|  |  |  |  |
| Saturday |  |  |  |
|  |  |  |  |
| Sunday |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature |  |  | Name |  |
|  | Signature of Participating Employee Submitting this Form |  |  | DAP Program Leader (print) |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Signature |  |  |  |  |  | Signature |  | |
|  | MM |  | DD |  | YY |  | | Signature of DAP Program Leader |

**Logo

Description automatically generated  
County of Summit** | **Employee Benefits**  
1180 S. Main Street | Suite 378 | Akron, Ohio 44301