



EMPLOYEE RECREATION SIGN-UP FORM

NAME:

PHONE: MAIL DROP: EMAIL ADDRESS:

FITNESS CLASSES

LIST CLASS(ES) / DAY(S) / TIME(S)	AMOUNT

GOLF LEAGUE

COURSE NAME:		LIST FIRST, SECOND & THIRD CHOICES: (1,2 & 3) ___ Advanced ___ Intermediate ___ Beginner	
PARTNER NAME:	PARTNER PHONE NUMBER:	PARTNER MAIL DROP:	PARTNER EMAIL ADDRESS:

Submit completed form to: [Fitness Programs - MD 400](#)
 Have more Questions? Contact the HR Service Center at 816-545-6200 or email hrservicecenter@hallmark.com
 13-A-262 REV. 1*17