

**URBAN ACTIVE  
SETTLEMENT CLAIM FORM**

**Mail to: Urban Active Settlement,  
PO Box 367, Sewickley, PA 15143**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Approximate Date Of Visit  
During The Relevant Period:** \_\_\_\_\_

**Location of Urban Active Fitness Club:** \_\_\_\_\_

**Last 4 digits of card number  
used at Urban Active Fitness Club:** \_\_\_\_\_

**ALL CLAIM FORMS MUST BE POSTMARKED BY:  
OCTOBER 20, 2011**