Wellness Program Participation Acceptance

Date: [Insert Date]

Dear [Participant's Name],

We are pleased to inform you that your application to participate in our Wellness Program has been accepted. We commend your commitment to enhancing your health and well-being.

Please find the program details below:

• **Program Start Date:** [Insert Start Date]

Duration: [Insert Duration] Location: [Insert Location]

• **Program Coordinator:** [Insert Coordinator Name]

To confirm your participation, please reply to this email by [Insert Confirmation Deadline]. Should you have any questions, do not hesitate to reach out.

We look forward to supporting you on your wellness journey!

Sincerely,

[Your Name]
[Your Title]
[Company/Organization Name]
[Contact Information]