

## **Wellness Partnership**

The Alaska Club agrees to assist Juneau Tours  (Organization Name)  by providing the following wellness package to their Employees (Employees, team members, etc.)		Start Date: 4/12/17  Renewal Date: 4/11/18
☐ Onsite	☐ Open House	☐ Fitness Party
1st Qtr	1st Qtr	1st Qtr
2nd Qtr	2nd Qtr	2nd Qt
3rd Qtr	3rd Qtr	3rd Qtr
4th Qtr	4th Qtr	4th Qt
☐ Fitness Challenge	☐ Fitness Seminar	☐ Wellness Fair
1st Qtr	1st Qtr	Date
2nd Qtr	2nd Qtr	Date
3rd Qtr	3rd Qtr	Date
4th Qtr	4th Qtr	Date

### **Benefits to Employees:**

\$0 Enrollment Fee

<u>1st Month 50% off.</u> Fitness Consultation Required.

M2M Membership at year rate.

2 Months Free of Membership Plus

60 Day notice to cancell

#### Juneau Tours

#### agrees to promote events in the following manner:

- ☐ Promote via organization website, intranet or newsletter
- □ Posters to announce onsite date(s)

All promotional materials to be approved and provided by The Alaska Club.





# THE ALASKA CLUB Corporate Agreement

		mbership is completely optional. Should you
choose to, covering some or all of the	cost of your $\frac{0}{}$ 's	The Alaska Club membership can have a
significant impact on their energy, hea	Ith and their focus. Organizatio	ns that subsidize their employee memberships
		) sixty-day prior notice to discontinuing the subsidy
of membership dues for its Employees	- 10	
Juneau Tours will not	tify The Alaska Club if anyone for	whom it pays a subsidy is no longer
employed there and shall be responsible	e for the dues subsidy of termina	ated 0 prior to this
notification. All Employees are	individually responsible for cand	celling their membership commitment.
Juneau Tours subsidi	izes/reimburses their 0	's membership(s) at the amount of
0 per individual membersh		
Organization Name: Juneau Tours		
Address: 323 Martin Way #3 Juneau	u, AK 99801	78,100
Contact Name: Sky Bonnell		
Phone Number: 907-723-2931	Fax Number:	Email: skybonnell572@msn.com
Billing Contact (if applicable): $N$	/A	
Phone Number:	/ Fax Number:	Email:
	1 Shal	- U/12
Organization Signature:		Date: <u>4/18</u>
Printed Name: Sky Bonne!	<u> </u>	
Title:		AND
The Alaska Club Wellness Partner	ship Representative Name	Cameron Mitchell
Phone Number: 907-364-4317	Fax Number:	Email: cmitchell@thealaskaclub.com
//	non	
The Alaska Club Signature:		Date: 4/12/17
Printed Name: Cameron Mitchell		
Title: Membership Coordinator		
Comment		



