

Wellness Partnership

			Tilted Kilt	
		Start Date:08/30/2015	Renewal Date: 08/30/2016	
he Alaska Club agrees to assist		Tilted Kilt (Organization Name)	by providing the	
llowing wellness package to	o their employees:	(Organization Name)		
	Wellnes	s Calendar		
1 Onsite	П Оре	en House	☐ Fitness Party	
1st Qt	r	1st Qtr	1st Qtr	
2nd Q	tr	2nd Qtr	2nd Qt	
3rd Qt	r	3rd Qtr	3rd Qtr	
4th Qt	r	4th Qtr	4th Qtr	
J Fitness Challen	r	1st Qtr	Date	
2nd Q 3rd Qt		2nd Qtr 3rd Qtr	Date	
4th Qt			Date Date_	
	-	owing membership benefits to available during each		
Benefits to Employees:			Tilted Kilt	
\$0 Enrollment Fee \$0 First Membership Dues		(Organization Name)		
2 Months FREE Membership Plus		agrees to promote events in the following manner:		
		■ Promote via organization	on website, intranet or newsletter	
		Posters to announce o	5 F N	
Available during events, onsites or open house periods only.			All promotional materials to be approved and provided by	



Wellness Partnership

Helping Employees With the Cost of Membership at The Alaska Club

Subsidizing or partially subsidizing the cost of a The Alaska Club mem	bership is completely			
optional. Should you choose to, covering some or all of the cost of you	-			
membership can have a significant impact on employee energy, health				
your customers. Organizations that subsidize their employee membership				
Club Member Accounting (337-9550 ext. 1142) sixty day prior notice to discontinuing the subsidy of				
membership dues for its employees in general Tilted Kilt				
Club if anyone for whom it pays a subsidy is no longer employed there and				
dues subsidy of terminated employees prior to this notification. All employees are individually responsible				
for cancelling their membership commitment				
their employee's memberships at the amount of per individual membership.				
Organization Name: Tilted Kilt				
Address: 8001 Old Seward Highway Anchorage, AK 99508				
Contact Name: Danielle McCall				
Phone Number: 9077705458 Fax Number:	Email:			
Billing Contact (if applicable):				
Phone Number:	Email:			
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Organization Signature:	Date:08/30/2015			
Printed Name: Danielle McCall				
Title: Assistant Manager				
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The Alaska Club Wellness Partnership Representative Name: Sila Adkins				
Phone Number: 9073657321 Fax Number:				
The Alaska Club Signature:	Date: 08/30/2015			
Printed Name: Sila Adkins				
Title: Membership Sales	-			