RESPW/2947



## WELLNESS PARTNERSHIP

The Alaska Club agrees to assist DANKORAGE	by providing Start Date: 11/10/17
the following wellness package to their MANAGEMENT: (Corporate of Complexes, learn members, etc.):	Renewal Date:
Should you choose to, covering some or all of the cost of your Management on their energy, health and their focus.  DANKORAGE will notify The Alaska Club if anyone	ANGEMENT's The Alaska Club membership can have a  ne for whom it pays a subsidy is no longer employed there
and shall be responsible for the dues subsidy of terminated $\frac{20}{3}$	
All MANAGEMENT are individually responsible for cancelling t	their membership commitment. DANKORAGE
reimburses their <u>MANGEMENT</u> 's membership(s) at the amour	nt ofFul per individual membership /Ful
per family membership.	
Benefits to Employees:	
\$0 Enrollment, 1st and 6th Months of Membership Dues Free, 3 Months of Good Life Free*, 1 Month of Team Training Free.	
Non-Fitness Offer: 1 Month Free Tan & Massage Plus or Good Life*	Agrees to promote events in the following manner:
*In available markets.	☐ 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.
Organization Name: NANKORAGE	N. OOSS
Address: 2812, Spanard Rd. Hucha	May, FIL 99000
Contact Name: 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 don't don't com
	Email: 15055Navt@dan vovage.co
Billing Contact (if applicable):	F. 1
Phone Number: Fax Number: Organization Signature:	Email:
Printed Names   11 1 17 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
The Alaska Club Wellness Partnership Representative Name:	
Phone Number: Fax Number:	
i da Humber.	Lilidi).
The Alaska Club Signature;	Date:11 /10 /1 7-
Printed Name: <u>NATE ROOT</u>	
fitle: SALES MANAGER	
Comment	



## WELLNESS PARTNERSHIP

Should you choose to, covering some or all of the cost of your significant impact on their energy, health and their focus.  DAN KORAGE will notify The Alaska Club if any and shall be responsible for the dues subsidy of terminated 30 All Employees are individually responsible for cancelling	one for whom it pays a subsidy is no longer employed there  Odays prior to this notification.  § their membership commitment. DANKORAGE
reimburses their <u>Employees</u> 's membership(s) at the amount per family membership. <b>Benefits to Employees:</b> \$0 Enrollment, 1 and 1/2 Months of Membership Dues Free,	unt of #50 per individual membership / #50
Two Months of Good Life Free*, One Week of Team Training Free.  Non-Member Offer: One Month Free Tan & Massage Plus or Good Life*  *In available markets.	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.
Organization Name: DANKORNE  Address: 1812 SDENTING Rd. ANCHO  Contact Name: LILY BOSSNOW  Phone Number: 444 3656 Fax Number:  Billing Contact (if applicable):	
Phone Number:  Organization Signature:  Printed Name:  Fax Number:  Fax Number:  Fax Number:  Fax Number:  Fax Number:	Email:
The Alaska Club Weliness Partnership Representative Name: Phone Number: Fax Number:	
he Alaska Club Signature:	ż ·
Comment	