

Wellness Partnership

Sea Galley Restaurant

Start Date: 03/10/2015 Renewal Date: 03/10/2016 Sea Galley Restaurant The Alaska Club agrees to assist _____ by providing the (Organization Name) following wellness package to their employees: Wellness Calendar ☑ Onsite Open House ☐ Fitness Party 1st Qtr 1st Qtr 1st Otr 2nd Otr 2nd Otr 2nd Qtr 3rd Otr 3rd Otr 3rd Qtr 4th Qtr 4th Qtr 4th Otr Fitness Challenge ☐ Fitness Seminar l Wellness Fair 1st Qtr 1st Qtr Date 2nd Otr 2nd Otr Date _____ 3rd Qtr _____ 3rd Qtr Date 4th Qtr 4th Otr The Alaska Club agrees to offer the following membership benefits to each employee of Sea Galley Restaurant available during each wellness activity. (Organization Name) **Benefits to Employees:** Sea Galley Restaurant \$0 Enrollment (Organization Name) First Month of Dues Free agrees to promote events in the following manner: Two Months of Membership Plus Free Promote via organization website, intranet or newsletter \$20/\$30 Fitness Consultation at Signup Posters to announce onsite date(s)

Available during events, onsites or open house periods only.

1 year agreement / fee for early cancellation required.

All promotional materials to be approved and provided by

The Alaska Club.



Wellness Partnership

Helping Employees With the Cost of Membership at The Alaska Club

optional. Should membership can	artially subsidizing I you choose to, co I have a significant Organizations that s	vering some or impact on emp	all of the cost of y ployee energy, hea	your emplo Ith and the	yees' The Alaska Club eir focus on serving
Club Member Acc	counting (337-9550	ext. 1142) sixt	v dav prior notice to	nps agree i discontin	uing the subsidy of
					vill notify The Alaska
Club if anyone for	whom it pays a sub	sidy is no longe	r employed there a	nd shall be	e responsible for the
dues subsidy of to	erminated employee	s prior to this n	otification. All empl	oyees are i	ndividually responsible
for cancelling the	ir membership comr	nitment	Sea Galley Restaura	nt su	bsidizes/reimburses
their employee's memberships at the amount of $\underline{\$0}$ per individual membership.					
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	ne: <u>Sea Galley</u> R	estaurant			
Address: <u>4101 (</u>	Credit Union Dr				
Contact Name:	onna Smith	*.			
Phone Number: _	9075633520	_ Fax Number:		Email:	
Billing Contact (i	f applicable):	and the second s	:		
Phone Number: _		_Fax Number: _		Email:	
Organization Sign	ature: X See	ea J. Q	09		Date: 3-2015
Printed Name:	Donna Si	hidb			
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The Alaska Club Wellness Partnership Representative Name: Bobbi Williams					
	9072642703				villiams@thealaskaclub.com
he Alaska Club S	ignature: LM	Mu In	llians		Date: <u>3-9019</u>
Printed Name: Bo		√			
itle: Membersh				<u> </u>	