

City Employee Wellness Program Pass Prices/Payroll Deduction

Name: _____

Phone: _____

Mailing Address: _____

City/State/Zip: _____

Department: _____

Individual

<i>Ice Arena</i>	<i>\$60</i>	<i>Aquatics</i>	<i>\$150</i>
<i>Meadowbrook Golf</i>	<i>\$315</i>	<i>Executive Golf</i>	<i>\$140</i>

Couples

<i>Ice Arena</i>	<i>\$120</i>	<i>Aquatics</i>	<i>\$225</i>
<i>Meadowbrook Golf</i>	<i>\$500</i>	<i>Executive Golf</i>	<i>\$195</i>

Family

<i>Ice Arena</i>	<i>\$145</i>	<i>Aquatics</i>	<i>\$270</i>
<i>Meadowbrook Golf</i>	<i>\$690</i>	<i>Executive Golf</i>	<i>\$240</i>

Platinum – All 4 Facility Use

<i>Individual</i>	<i>\$525</i>	<i>Couple</i>	<i>\$845</i>
<i>Family</i>	<i>\$1105</i>		

Pass Selection(s): _____ Total Amount: _____

I elect to pay the pass amount in full.

I elect payroll deduction for the calendar year _____.

I authorize the City of Rapid City to deduct \$ _____ per pay period for my City Wellness Program Pass. I understand this is a one year commitment to this program. If there is a separation of employment during the course of this one year commitment, the following options are available.

1. Discontinue obligation once employment is separated. Membership will terminate.
2. Maintain the membership and deduct any remaining balance from my final pay. I understand my pass will continue through the remainder of the applicable calendar year.

Please Sign for Payroll Deduction:

Signature

Date

Parks/Recreation authorized signature: _____