

CBJ WELLNESS PASS



Participant Information Use a separate form for each participant.	Name CBJ Employe Benefited Spe	=	RH Employee enefited Child	_Date of birth_	lmin Employee
Employment Verification	Employee Name (if not participant) DepartmentInsurance Group # Mailing Address PhoneEmail				
Pass Information Prices include the 40% discount plus sales tax.	Child (2 10 Visit	2-7 years) \$12.60 \$12.60 \$69.30 A Passes are good (0-17 years) \$40.95 \$157.50 ELD HOUSE Youth	Youth (8-17 y Senior (65+ ye \$34.6) \$28.3 \$135 for all public skating Adult (18-64 y \$47.2) \$189	ears) AC AS	\$47.25
More Information	MORE ON TH	E REVERSE	. PLEASE TU	RN OVER T	O COMPLETE.

OFFICE USE ONLY Received by:______ Date Received:_____ Receipt #_____

ELIGIBILITY For benefit- eligible employees and family members who are on CBJ health Family members MUST be enrolled on CBJ/BRH insurance to qualify **HOW TO PURCHASE YOUR PASS** • Pass must be purchased through the Parks & Recreation main office, located in City Hall: 155 S. Seward St. Room 218 General • If you cannot physically purchase your pass at the Parks & Recreation main office, it can be emailed or faxed to parks.rec@juneau.gov or 907-586-4589 Information • Staff at the pool, ice arena, or Field House cannot process this form on site A separate form must be completed for each participant ADDITIONAL INFORMATION • This 40% discount is paid out of the Wellness Program budget If you are unsure if you will use a long-term pass, consider purchasing a discounted 10-visit punch pass first • If you do purchase a larger pass, please make sure to put it to good use Monthly and Annual Passes are non-transferable **Augustus Brown Swimming Pool Dimond Park Aquatic Center** 1619 Glacier Avenue 3045 Dimond Park Loop 907-586-0839 907-586-0839 juneaupools.org juneaupools.org **Participating Facilities** Treadwell Ice Arena **Dimond Park Field House** 105 Savikko Road 2961 Riverside Drive 907-586-0410 907-364-3734 treadwellarena.org ☐ Cash ☐ Check ☐ Credit Card is present ☐ Card is not present, use information below ☐ Call to make payment **Payment** Information Name on Card Credit Card Number_____ Accepted: Visa CVC____ MasterCard Expiration Date



Card Holder Signature_____

Discover