



RAPID CITY PARKS AND RECREATION
2019 RAPID CITY WELLNESS PROGRAM APPLICATION

PARKS AND RECREATION DEPARTMENT 515 WEST BLVD, RAPID CITY, SD 57701 605.394.41765 FAX 605.394.537

Name: _____ Phone No: _____

Mailing Address: _____ Department: _____

Passholder Names: _____ Relationship to Employee: _____

Four horizontal lines for entering passholder names and relationships.

RECREATION FACILITY PASS OPTIONS

Aquatics **

Table with 2 columns: Category and Price. Rows: Single (\$189.57), Couple (\$284.36), Family of 4* (\$341.87), *Additional Pass (\$ 35.00)

Executive Golf Course ***

Table with 2 columns: Category and Price. Rows: Single (\$168.78), Couple (\$231.13), Family of 4* (\$293.48), *Additional Pass (\$ 73.37)

Ice Arena **

Table with 2 columns: Category and Price. Rows: Single (\$ 76.62), Couple (\$151.23), Family of 4* (\$183.18), *Additional Pass (\$ 25.00)

Meadowbrook Golf Course ***

Table with 2 columns: Category and Price. Rows: Single (\$440.75), Couple (\$703.05), Family of 4* (\$969.65), *Additional Pass (\$242.41)

**Prices include 6.5% sales tax

***Prices include 7.5% sales tax

Pass Selection(s): _____ Total Amount _____

I choose to pay pass amount in full.

I choose to use payroll deduction for Calendar Year _____. Start Date: _____

I authorize the City of Rapid City to deduct \$_____ per pay period for my City Wellness Program Pass. I understand that this is a one year commitment to the program and if there is a separation of employment during the course of this one year, 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: _____