



SILVER FITNESS PASS ELIGIBILITY FORM

1. Fill out this form with your contact information below.
Please **print** and **complete** all of the information below:

Last Name: _____

First Name: _____

Street: _____

City: _____

State: _____ **Zip Code:** _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

2. Contact your health insurance provider to see if you are eligible.
If eligible, ask for your fitness number and print here:

Health Insurance: _____

Fitness #: _____

3. Once complete, return this form to Bend Senior Center or Juniper Swim and Fitness Center. **After 1 - 2 business days** you'll be able to stop by either facility to set up your pass.
4. If eligible, you will be able to select from the following options.
Check your selection, below:

- Full-Access Pass to Bend Senior Center
- Basic-Access Pass to Juniper Swim & Fitness Center
- For \$15 per month, you may select a Full-Access Pass to Juniper Swim & Fitness Center and Bend Senior Center.

5. Facility information, fitness and pool schedules are available online at bendparksandrec.org.

This form can be mailed to either location below:

Bend Senior Center
1600 SE Reed Market Rd.
Bend, OR 97702
(541) 388-1133

Juniper Swim & Fitness Center
800 NE 6th St.
Bend, OR 97701
(541) 389-7665

Learn more at bendparksandrec.org/medicare

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Processed By: _____	Date: _____
Comments:	