



## FITNESS PASSES THROUGH HEALTH PLANS & MEDICARE SELECT ELIGIBILITY FORM

1. **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 place that information here:

**Health Insurance:** \_\_\_\_\_

**Fitness #** \_\_\_\_\_

3. Return the completed form to Juniper Swim & Fitness Center (address below). After 1 - 2 days, you'll be able to visit Juniper to set up your pass.

4. Select one of the two following options:

**Option One:** No-Cost: Eligible programs will include unlimited access to the fitness center, virtual classes and workout-on-your-own sessions, including Cycle on Your Own and Water Workout on Your Own.

**Option Two:** Low Cost: For \$19 per month, patrons may upgrade their pass to gain additional access to up-to 12 lap swim visits per month and unlimited access to all fitness classes, including water classes.

**This form can be mailed to delivered to:**

Juniper Swim & Fitness Center,  
800 NE 6<sup>th</sup> Street Bend OR 97701  
(541) 389-7665

**Customer Service Hours**

**Mon - Thur:** 5:30 am - 6:30 pm  
**Fri:** 6:00 am - 4:00 pm  
**Sat:** 7:30 am - 4:00 pm  
**Sun:** Closed

**Internal Use Only**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Processed By: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: