

WEST CHESTER UNIVERSITY

Student Recreation Center
WCU Summer Student Membership - 2016

Division of Student Affairs

PLEASE PRINT ALL INFORMATION

Name: _____ Date: _____ WCU ID #: _____

PRINT NAME

Email: _____

Person to notify in case of emergency:

Name: _____ Telephone: _____ / _____
Day Cell

Summer Membership Fee:

Entire Summer 5/23/16 - 8/19/16 \$60 ()

First Session 5/23/16 - 6/24/16 \$25 ()

Second Session 6/27/16 - 7/29/16 \$25 ()

Third Session 8/1/16 - 8/19/16 \$15 ()

Total Amount: ()

Please make check payable to West Chester University

NOTE: A Physical Activities Readiness Questionnaire (PAR Q) and Informed Consent Form must be completed before using the SRC.
It is recommended that you see your physician before beginning any exercise program.

OFFICIAL USE ONLY:

Reneue Deposit Information:

Fund: 1000
Program: XC
Acct: 4445
Dept: 4400