PLEASE PRINT ALL INFORMATION

Name: ____________________________________________ Date: ____________________________ Employee #: __________________________

Email address: _________________________________ Department: __________________________

Please check the appropriate box:

Permanent Faculty: ( ) Temporary Faculty: ( )
Permanent Staff: ( ) Temporary Staff: ( )

Please check the appropriate box:

ARAMARK ( )
Student Services, Inc ( )
WCU Foundation: ( )
Alumni ( )
Retiree ( )

Person to notify in case of emergency:

Name: ___________________________ Telephone: ____________________________/________________________ Day / Cell

Below are the costs for the specific number of days.

5 day = $25 ($5 per punch) ( )
10 day = $40 ($4 per punch) ( )
20 day = $75 ($3.75 per punch) ( )

Payment must be made at the Bursar’s Office, 25 University Ave - Make check payable to WCU.

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:

Renew Deposit Information:
Fund: 1000
Program: XC
Acct: 4446
Dept: 4400