Iglehart Hall Keycard Registration

Keycard Effective Dates 07/01/2018-06/30/2019

Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email (for gym-hour updates, renewal reminders, etc.):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ I’d like to receive gym updates

Affiliation with St. John’s:

 \_\_\_ Undergraduate Alumnus Year: \_\_\_\_\_\_ Campus: AN SF

\_\_\_ Graduate Institute Alumnus Year: \_\_\_\_\_\_ Campus: AN SF

 \_\_\_ Spouse or Partner of Faculty, Staff, or Student

 Spouse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_ Child of Faculty, Staff, or Student

 Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_ Other

 Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ I acknowledge that I have received and read the Iglehart Hall Admittance Policy, and I agree to be bound by its terms, including a.) that permission to use this keycard and the St. John’s College athletic facilities may be revoked at any time at the discretion of the Athletics and Recreation Coordinator, the Assistant Dean, and/or the Dean, b.) that keycard holders may bring up to two guests to the gym at any time, but that each guest must depart the gym with their host. c.) that this keycard must be re-registered each year, and will turn off on June 30th unless another registration fee is submitted.

\_\_\_ In addition to the fee for gym access, I would like to donate to the college to support Student Life, including Athletics. I acknowledge that I am receiving no benefit for this donation and that the additional amount may be tax deductible.

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_