



**STUDENT ACTIVITY CENTER
KEYCARD REGISTRATION
St. John's College – Santa Fe**

Keycard effective dates: July 1st – June 30th

Name: _____

Contact Email (for updates, renewal reminders, etc.): _____

Affiliation with St. John's:

Undergraduate Alumnus Year: _____ Campus: AN SF

Graduate Institute Alumnus Year: _____ Campus: AN SF

Spouse or Legal Partner of Faculty, Staff, or Student

Spouse/Legal Partner Name: _____

Child of Faculty, Staff, or Student

Birthdate: _____

Parent Name: _____

Other

Describe: _____

I acknowledge that I have received and read the Student Activity Center Admittance Policy, and I agree to be bound by its terms, including a.) permission to use this keycard and the St. John's College athletic facilities may be revoked at any time at the discretion of the Fitness and Wellness Coordinator/Facility Manager, the Assistant Dean, and/or the Dean, b.) keycard holders may bring up to two guests to the gym at any time for a fee of \$2.00 per guest, but that each guest must depart the gym with their host. c.) the 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, student activities and athletics. I acknowledge that I am receiving no benefit for this donation and that the additional amount may be tax deductible.

Amount: _____

Designation: _____

Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Amount Received: _____

Received by: _____