



CAMPUS RECREATION FACILITIES APPLICATION

APPLICANT INFORMATION

L#: _____

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

APPLICANT RELATION

- Faculty/Staff Family Member / Relationship: _____
- Board of Trustees
- Alumni Year of Graduation: _____
- Board of Visitors
- Emeritus Status/Retired Lander Employee
- Docent
- Other

SPOUSE INFORMATION

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

DEPENDENT INFORMATION

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Cell Phone Number: _____

I authorize the verification of the information provided on this form.

Signature: _____ Date: _____

Return completed form to Director of Campus Recreation, Matthew Gilstrap - Chandler Center - Office

242. Please allow 24 hours for approval.

OFFICE USE ONLY

Approved

Not Approved

Authorization Signature