MORAINE VALLEY COMMUNITY COLLEGE
HEALTH, FITNESS & RECREATION CENTER
LOCKER RENTAL FORM

Member Information:

Last Name: _____ First Name: _____

Email: _____

Phone (H, W, C): _____ Scan Tag #: _____

Membership Type: (Circle one) 1-Month Monthly Annual

Locker Details (Circle one):

Rental Duration: Monthly or Annual

Locker Room (circle one): Women's or Men's

Preferred Locker (based on availability): Top locker or Bottom locker

Desired Locker Combination (4-digits): _____

Rental Agreement:

- I understand that all lockers are property of the Department of Campus Recreation.
- I understand that my credit card on file will be billed the first of the month for $12/locker rented (unless paid for one year upfront).
- I understand that if I do not wish to continue with my locker rental, that I must submit a locker cancellation form in writing to the Department of Campus Recreation at least 5 days before the end of the month to avoid future charges.
- I understand that payment for locker rentals are non-refundable and rental fees are not prorated.
- I understand thar dependents and members under the age of 16 are not permitted to have lockers.
- I understand that if I do not pay for the month, and a new form of payment is not provided, Campus Recreation holds the ability to clear out the locker.

Member Signature: _____ Date: _____

OFFICE USE ONLY

Form Received by: _____ Annual Expiration Date: _____

Form Received on: _____ Locker Programmed on: _____