



Moraine Valley Community College
 Health, Fitness & Recreation Center
Locker Cancellation Form

Last Name: _____ First Name: _____

Email Address: _____ Phone (H, W, C): _____

Rental Duration: Monthly or Annual (Annual Expiration Date: _____)

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

Locker Number _____ **Locker Combination** _____

Type of Membership

- | | |
|---|--|
| <input type="checkbox"/> MVCC Employee | <input type="checkbox"/> Community |
| <input type="checkbox"/> Breakfast Club | <input type="checkbox"/> Cyclone |
| <input type="checkbox"/> Family | <input type="checkbox"/> Part Time Student |
| <input type="checkbox"/> Military | <input type="checkbox"/> Senior |

Cancellation Month:

I wish to cancel my locker on _____(date)

Rental Agreement (initial each line):

_____ I understand that all lockers are the property of the Department of Campus Recreation

_____ I understand that annual locker rentals are non-refundable

_____ 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 my belongings must be removed from my locker at the end of my rental agreement.

_____ I understand that if my belongings are not removed by the first of the month that I cancelled, that my items may be removed from the locker by a Campus Recreation staff member and held for 30 days to be picked up. If not retrieved, they will be donated to a local charity.

Signature

Date

Office Use Only

Date of Cancellation: _____

Checked on/by: _____