



Moraine Valley Community College
 Health, Fitness & Recreation Center
Locker Rental 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 |

Rental Agreement (initial each line):

- _____ I understand that all lockers are the 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 that dependents and members under the age of 16 are not permitted to have a 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

Signature

Date

Office Use Only
 Month paid up front: _____ Cancelled on: _____