



Moraine Valley Community College
Health, Fitness & Recreation Center
Student/Guest Registration Information Form

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____ Birth Date: _____

(Circle one): Full-Time Student Part-Time Student Part-Time PEH/REC/THR Student Guest

Would you like more information on?

Fitness

Intramural Sports

Wellness

Personal Training

Aquatics

Other

Other: _____

Want us to follow you on Twitter or Instagram? Follow us!! @MVCCFitRec

Twitter: _____ Instagram: _____

Signature

Date