

For Office Use Only

(Circle One)

Membership / Punch Card

Week Pass / Day Pass

Symons Recreation Complex Registration Form

SRC respects your right to privacy and does not release membership information, including email, except for emergencies. We never sell information to other organizations.

Adult Name: _____ Male/Female:___ Birthdate:_____

Please Show your Driver's License to SRC Staff Member. *Verified by Staff?*_____

If applicable, other adult in household: _____ Male/Female:___ Birthdate:_____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Preferred Contact (Please Circle One): E-mail or Postal

HOW did you learn about SRC? (circle one):

Friend Current Member Former Member Live Here/Use to Relative

Internet Newspaper Radio Doctor Work UW-Richland SRC Staff

Other:_____ Name of Person who Recommend SRC_____

If using a guest/week pass from a member, Member Name: _____
Number_____

If applicable, names of children
(through high school)

Male/Female

Relationship
to Adult
Name above

Birth Date

If applicable , names of children (through high school)	Male/Female	Relationship to Adult Name above	Birth Date

Members ONLY:

Would you like a scan card? (Circle One) Yes / No

When is your FREE appointment with Becky Glass, exercise specialist? _____

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Type (circle one): Family / Solo Parent / Individual / High School / Youth / Leader / Co-Leader / Family + _____
(Reminder if they are just using a Day Pass...in Club Runner they are a Non Member Gues)

Payment Plan: Year / 1/3 Plan / EFT / 6 Month / Month / 5 Visit Punch Card / 11 Visit Punch Card / Week / Day

Corporate: _____ Other: _____

Amount Paid: _____ Date: _____ Receipt #: _____ Initials: _____

Sign Up Date: _____ Expiration Date: _____

Member #: _____ Last expiration date _____ Club Runner _____ Cards sent _____
Barcode #: _____

