

Date: ____/____/____



Herkimer
THE STATE UNIVERSITY OF NEW YORK

Fitness Center / Cristman Pool

Name _____ **Banner ID: H** _____
Last First MI

Date of Birth ____/____/____

Home Address: _____

E-Mail Address: _____

Phone:
Home: _____ Business: _____ Cell: _____

Fitness Center (Select one):

- Annual - Effective Date: _____
- 6 month - Effective Date: _____
- 1 month - Effective Date: _____
- **Semester - Effective Date: _____

Cristman Pool (Select One):

- Annual - Effective Date: _____
- 6 month - Effective Date: _____
- 10 Visit Punch Card

Waiver Type:

- Emeritus/Spouse
- Herkimer County Wellness Initiative
- Retirees (excluding CSEA) & spouse
- CSEA (FT Employees)
- Non- Bargaining Unit (FT Employees, spouse & dependents)
- Professional Association (FT Employees, spouse & dependents)

CRN: _____

FEE: _____

*Annual Memberships subject to waivers effective September 1.

** Semester memberships are only applicable for students who have passed PE 136

Type of Payment:

- Cash Check MasterCard Visa Discover American Express Financial Aid Refund

Credit Card Number _____ Expiration Date ____/____ CVV _____

Cardholder's name and address if different than above: _____

If using financial aid please sign below

Reason for Refund:

Student Accounts Office:

Receipt # _____ Processed by: _____

Check #: _____ Date: ____/____/____