

Towel Rental Application (per semester)

Today's Date: _____

WSU ID Number: _____

Last Name

First Name

M.I.

Home Address

City

State

Zip

Campus Address

City

State

Zip

Home Phone: _____

Work Phone: _____

E-mail: _____

Male: _____

Female: _____

Student: _____

Faculty/Staff: _____

Alumni/Sponsored: _____

Affiliate: _____

Other: _____

Staff Initials: _____

Please detach and retain for your records

Date Registered: _____

Cost: \$5 (per semester)

Expiration Date: _____

Fall semester membership ends

Winter semester membership ends

Spring/Summer semester membership ends

CAMPUS RECREATION



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