

HEALTH CLUB ACCESS AGREEMENT

STRATTON ACTIVITY CENTER

918 Colorado Avenue, P.O. Box 64
Stratton, CO 80836

MEMBER INFORMATION

Primary:

Secondary:

CHILDREN (Please list Name and Age)

ADDRESS

Mailing Address:

City:

State:

Zip Code:

PHONE

Daytime:

Evening:

Primary Cell:

Secondary Cell:

E-MAIL

Primary:

Secondary:

The cost for access is \$15.00 per month for the first adult family member and \$10.00 per month for each additional family member. Children under your guardianship, high school age and under are free. A member may purchase up to five guest passes daily at a cost of \$5.00 per pass, per day. Guest must be present with the primary or secondary member to access the building. You must be 18 years of age to purchase an access card. With an access card you will be allowed to enter the building and work out in the exercise room or walk or run inside the building on your own time.

Restricted times may occur without notice, if the entire building is rented out or being used for a special event.

____ I have received the Stratton Activity Center (SAC) Health Club access terms and rules.
(Please Initial)

SIGNATURE

DATE

For Staff Use:

Amount Paid: _____ Cash Check # _____

Staff Signature: _____ Membership Expires _____