Welborn Foundation Wellness & Fitness Center Course Reservation Form

The following information is to be verified by the student.

COLLEGE REFUND POLICY – NON-CREDIT

Signature:

Refunds are calculated by scheduled class dates. These are student-initiated refunds that may be received as follows:

Notice of forty-eight (48) hours or more before class starts:

Notice of less than forty-eight (48) hours before class starts:

100% Refund 0% Refund

	of less than forty-eig Center Only Option	ht (48) hou	rs before class st		nd nd/Nontransferable		
	Student/Emplo	yee ID Nu	mber (C Nun	Please print legibly in nber)		Spring Summe	2 <u>025</u> (Year)
Date of	Birth				Please circle one	Male / Fe	male
Legal La	st Name				Legal First Name & M.I. Cell Phone		
Home P	hone						
Mailing	Address						
City, Sta	ite, & Zip						
How did	l E-mail Address l you hear nis class?						
Select Class	Course Title		CRN	Date(s)	Day(s)	Times	Fee(s)
	Fitness Center	Only**	25300	8/25/25 – 12/31/25	Monday – Friday	Building Hours	\$49p/p
	**Nonrefunda			Release of Liability befo	ore utilizing the Ivy Tech	ı Fitness Center.	
		_	-	ville Wellness & Fitness learance form, if require			work, read the fitness
	access during b	uilding h	ours. Please	o for \$5 as this is require pick up a Fitness Center fice where you will recei	Key Fob form at the Fit	ness Center and obta	ain a stamp on this
							Total Due:
ave my life understood	e. Additionally, I agr d that costs incurred	ee to compl in the colle	y with the pract	mplete and accurate. In case I tices of Ivy Tech. I understand quent account, including colle g withdrawn and/or prohibited	that if I knowingly provide faction and attorney fees, shall	alse information, my enro be added to the balance	Ilment may be revoked. It is

Date: