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:

100% Refund

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

0% Refund

	Student/Employ	ee ID Num	ber (C Num	Please print legibly in ber)		Spring Summer	<u>2023</u> (Year)
Date of	Birth				Please circle one	Male / Fem	ale
Legal Last Name Home Phone					Legal First Name & M.I.		
					Cell Phone		
Mailing	Address						
City, Sta	ate, & Zip						
How did	l E-mail Address d you hear his class?						
Select Class	Course Title		CRN	Date(s)	Day(s)	Times	Fee(s)
	Fitness Center (Only**	22241	8/21/23 – 12/31/23	Monday – Saturday	Building Hour	\$49 p/p
	**Nonrefundak			Release of Liability befo	re utilizing the Ivy Tech Fit	ness Center.	
					Center must complete the d, and complete a brief ori		ork, read the fitness
	access during b	uilding hou	rs. Please p	ick up a Fitness Center I	d to scan into the Fitness Co Key Fob form at the Fitness we the key fob. You must h	Center and obtain	n a stamp on this
							Fotal Due:
ave my lif nderstoo	e. Additionally, I agre d that costs incurred	e to comply v in the collection	vith the practions of a deling	ces of Ivy Tech. I understand t uent account, including collec	am injured, I authorize the officia that if I knowingly provide false in tion and attorney fees, shall be a I from registering for future terms	ols of the College to tak Information, my enrollr Inded to the balance of	e the necessary actions to nent may be revoked. It is

Date: