

OHIO NORTHERN UNIVERSITY SPORTS CENTER
Application for Special Pass

NAME _____ DATE _____

ADDRESS _____

YEAR OF GRADUATION _____

SPOUSE'S NAME _____

Please list below the names and ages of Dependent children. Dependent children under the age of 17 **must be** accompanied by an adult with a valid I.D. **Passes will be issued to immediate family members only! NO EXCEPTIONS!!!!**

Dependent Children

- | | |
|--------------------------|--------------------------|
| 1. _____ Birthdate _____ | 4. _____ Birthdate _____ |
| 2. _____ Birthdate _____ | 5. _____ Birthdate _____ |
| 3. _____ Birthdate _____ | 6. _____ Birthdate _____ |

A Sports Center Pass is a privilege not a right! Consequently, any disruptive behavior (abusive or obscene language, fighting, facility or equipment destruction, etc.) will be cause for removal from the premise and confiscation of your pass.

Signature: _____

Card No.
Date Issued
Expiration Date:
For Office Use Only