

**OHIO NORTHERN UNIVERSITY SPORTS CENTER
Application for Special Pass**

NAME _____ DATE _____

ADDRESS _____ HOME PHONE _____

PLACE OF EMPLOYMENT _____

I/We have read the rules and regulations of the Ohio Northern Sports Center and, if issued a special pass, agree to abide by them or relinquish my/our Special Pass. I/We are aware of the fact that this card is NON-TRANSFERABLE and becomes void at the conclusion of the current school year.

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