

SMITH COLLEGE ATHLETIC FACILITIES Towel Service 2008-2009

FIRST NAME _____ LAST NAME _____

Campus Address

(if no campus address
use home address)

PHONE NUMBER _____

Faculty/Staff Other Dependent

Email (if other than Smith)

99 # On Front Side of ID Card

Plans Available:

\$25 FP- Service 9/15/2008 thru 12/31/2008

\$25 SP- Service 1/3/2009 thru 05/31/2009

\$45 AP- Service 9/15/2008 thru 05/31/2009

\$20 SU - Service 6/1/09 08/31/09

\$50 FYP - Service 9/15/2008 thru 08/31/2009

*Correct any changes in your information.

Service:

- FP - Fall Plan
- SP - Spring Plan
- AP - Academic Yr Plan
- SU - Summer Plan
- FYP - Full Year Plan

CHECK SERVICE REQUESTED

Payment Options:

- SUBMIT A CHECK (made out to Smith College) along with completed form.
or
- CHARGE MY SMITH COLLEGE ACCOUNT. *COLLEGE EMPLOYEES ONLY.

I AUTHORIZE THE FOLLOWING \$ _____ TO
BE BILLED TO MY ACCOUNT THROUGH THE
CONTROLLER'S OFFICE.

Signature

Today's Date

-YOUR ONECARD WILL BE VALIDATED FOR TOWEL SERVICE ONCE THE FORM IS COMPLETELY FILLED OUT AND RETURNED.

Return completed form to the Ainsworth Equipment Booth or mail to
Theresa Collins, Facility Manager, Ainsworth Gym.

Date Received _____

Date Activated _____

Date Billed _____