



Gym Access Card Request & Agreement

Name: _____

Address: _____

Phone: _____

Email: _____

Purpose: _____

Time Period Card Is Requested for:

I request the issuance of 1 (one) St. Thomas Gym Access Card. I agree to use the Card solely for the purpose stated above. I understand that this Card is non-transferable and I will return the card to St. Thomas Athletic Association once the stated purpose of the card is completed.

Signature: _____

Date: _____