

KEOHANE SPORTS CENTER

Wellesley College

(Please Print Clearly!)

Name: Last Name then First Name	
Street Address	
City	State Zip Code
Preferred Telephone Number	Preferred Email Address
College Extension	College Department
Spouse/Domestic Partner	Names & Ages of Children under 16
	Names & Ages of Childrem 16-22

Date_____

President's Club _____ (no charge)

Employee _____ (no charge)

Spouse _____ (no charge)

Family _____ (no charge)

Full Year Half Year Summer (circle one)

Alumna _____

Spouse _____

Family _____

Young Alumna _____

Spouse _____

Student (no charge)

Spouse _____

Family _____

MIT Student _____

MIT Faculty _____

Locker/Lock _____

Cash or Check (circle one)

Total Paid _____