



Blomeyer Health Fitness Center Personal Monthly Locker Agreement

Name: _____

Employee ID Number: _____

Date: _____

I acknowledge that the cost of my personal locker at the Blomeyer Health Fitness Center is \$20 per month.

I would like to add this deduction to my:

- Payroll Deduction
- Credit/Debit Card
- Bank Draft

Beginning: _____

I also understand that this will be a continuous deduction until I give my 30 day cancelation notice.

In regards to my laundry service, I understand that my mesh bag must be carefully secured prior to each bag drop. I also understand the fitness center is no way responsible for damaged, lost articles, or items stored in my locker.

Signature: _____

Date: _____

Staff Signature: _____

FOR OFFICE USE ONLY- DO NOT WRITE IN THIS SPACE

Locker Number: _____

Locker Combination: _____