



UNIVERSITY RECREATION CENTRAL WASHINGTON UNIVERSITY
COLLEGIATE SPORT CLUBS

Student Account Authorization Form

Club:	Date:
Name:	Student ID #:

Payment for Dues

Check one of the boxes below:

- Fall Qtr. Winter Qtr. Spring Qtr. Annual Dues

Amount: _____

PLEASE NOTE: ALL FEES ARE NON REFUNDABLE!!!

I hereby authorize the University Recreation staff to charge the following fees to my student account. **I understand these fees are NON REFUNDABLE for any reason.**

Print Name

Date

Signature

Club Officer Witness (Print Name)