

SUNY Rockland Community College

FAMILY RECREATION SERVICES 2010-2011

SESSION I: Sept. 7, 2010 - Jan. 9, 2011

SESSION II: Jan. 11, 2011 - May 27, 2011

MEMBERSHIP FEE SCHEDULE			
Per Session		Daily Guest Fee	
FAMILY Limited To 4	\$175	Tuesday-Friday \$6.00	Saturday-Sunday \$6.00
ADULT	\$150	Tuesday-Friday \$6.00	Saturday-Sunday \$6.00
SENIOR CITIZENS (60 and over)		\$4.00 - each admission (Children 12 & under \$4.00)	
ALUMNI Alumni card may be obtained from the Alumni Affairs Office, 574-4576		\$4.00 evenings and weekends - each admission	

***FEES SUBJECT TO CHANGE**

Checks are to be made out to SUNY Rockland Community College. **THERE WILL BE NO REFUNDS.**

Special Group Rates for the Fieldhouse may be available only for Tuesday-Friday.

Pool parties may be scheduled on a space available basis. Arrangements must be made through 574-4451.

SUNY Rockland Community College Students enrolled for 6 credits or more may use the facilities at no additional charge. This program is supported by the student activity fee. Students taking fewer than 6 credits or auditing courses must pay regular admission fees.

*DAILY FACILITY SCHEDULE FOR MEMBERS			
PROGRAM CLOSED MONDAY EVENINGS			
POOL		WEIGHT ROOM	
MONDAY	12:30-2 pm ONLY, when classes are in session	TUESDAY-FRIDAY	7:15-9:15 pm
TUESDAY-FRIDAY	12:30-2 pm, when classes are in session, 7:30 pm-9:15 pm	SATURDAY-SUNDAY	12:00-4:45 pm
SATURDAY-SUNDAY	12:00-4:45 pm		
TENNIS COURTS WILL NOT BE AVAILABLE			

**It is understood that the College maintains the right to rent the Fieldhouse Arena and therefore the jogging area will only be available on a limited basis. For further information call: (845) 574-4455.*

REGISTRATION			
SESSION I Sept. 7, 2010 - Jan. 9, 2011	DAY 9:30-3:00 pm Monday-Friday	EVENING 7:00-8:00 pm Tuesday-Friday	LOCATION Fieldhouse Family Recreation Office
SESSION II Jan. 11, 2011 - May 27, 2011	DAY 9:30-3:00 pm Monday-Friday	EVENING 7:00-8:00 pm Tuesday-Friday	LOCATION Fieldhouse Family Recreation Office

Date _____

Name _____ ID Card No. _____
(please print) Last First MI

Address _____

Town _____ State _____ Zip _____ Phone No. _____

Type of Registration: Family _____ Adult _____

If family, list other family registrants (first name, middle initial): _____
Name Phone

PLEASE NOTIFY IN CASE OF EMERGENCY _____

I understand the College does not provide accident insurance

Signature _____ Receipt No. _____ (RCC Use Only)