



SOUTH DAVIS RECREATION CENTER REQUEST FOR MEMBERSHIP VARIANCE

DATE OF REQUEST: ____/____/____ DATE TURNED IN: ____/____/____ CASHIER _____

Variances can take up to two weeks to process.

NAME: _____

Please print clearly

ADDRESS: _____ CITY: _____

PHONE: _____ ALTERNATE PHONE: _____

EMAIL: _____

Please print clearly

WHAT EXCEPTION TO THE MEMBERSHIP POLICY ARE YOU REQUESTING?

PLACING AN ADDITIONAL PERSON ON THE PASS EXTENSION OF THE PASS

OTHER: _____

PLEASE EXPLAIN IN **DETAIL** THE REASON FOR YOUR REQUEST. PLEASE BE SPECIFIC.

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OFFICE USE ONLY

DATE REQUEST WAS REVIEWED: ____/____/____

REQUEST DECISION: APPROVED DENIED

REASON FOR DECISION: _____

REQUEST REVIEWED AND RULED UPON BY:

NAME: _____ TITLE: _____