



1050 West Wekiwa Road ~ Sand Springs, OK 74063 ~ (918) 246-2661

Case Card Application

Form "C"

All patron(s) aged 10 or older wishing to access the gymnasium, walking track or the dance/aerobic room for recreational activities will be required to purchase a CASE Card annually. This Card will also allow patrons to "checkout" equipment at the front desk. Each Patron must possess **their** card while in the Center as they may be spot checked for possession of the CASE Card. City of Sand Springs Resident/Employee proof must be shown during the time of application to receive 1 FREE Card. Please bring your water/trash utility bill for verification of residence. Please bring your COSS Employee Card for verification of employment. You will also be asked to present a form of ID for verification of information on the application.

Primary Member

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____ GENDER: [] FEMALE [] MALE

ADDRESS: _____

ZIP: _____ CITY: _____ STATE: _____

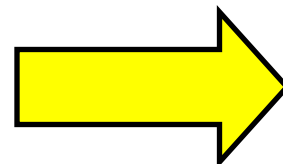
PRIMARY PHONE: _____ SECONDARY PHONE: _____

***EMAIL:** _____

***If you would like to be contacted about facility events/classes/announcements, please include your email address.**

Do you have any serious medical conditions you would like us to know about?

Use reverse side for additional memberships



Additional Family Member(s) (if applicable)

LAST NAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____

GENDER: FEMALE

MALE

Do you have any serious medical conditions you would like us to know about?

Additional Family Member(s) (if applicable)

LAST NAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____

GENDER: FEMALE

MALE

Do you have any serious medical conditions you would like us to know about?

Additional Family Member(s) (if applicable)

LAST NAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____

GENDER: FEMALE

MALE

Do you have any serious medical conditions you would like us to know about?

Additional Family Member(s) (if applicable)

LAST NAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____

GENDER: FEMALE

MALE

Do you have any serious medical conditions you would like us to know about?

All Members listed on this sheet must sign this section.

I will agree to obey all the rules/regulations/policies set forth by the City of Sand Springs. I understand that if I disobey any of the rules outlined in the Case Community Center Policy Handbook, I may be dismissed from the facility for a short/long-term period. If primary member is aged 10-18, please have parent/guardian sign below also.

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____