



Vitality Wellness Rebate Gym Contract & Membership Documentation

SAINT LOUIS UNIVERSITY
— EST. 1818 —

CAMPUS RECREATION & WELLNESS

3639 Laclede Ave.
St. Louis, MO
63108

P 314-977-3181
F 314-977-3555

www.slu.edu

Member Name: _____

SLU Banner #: _____

Vitality Year: _____ **Today's Date:** _____

This document is to confirm that the member listed above is an active member of the **Simon Recreation Center (SRC)** at Saint Louis University.

Date Joined

___ Before the start of this Vitality year (Oct. 1st)

___ During this Vitality Year – Exact Date: _____

Type of Membership

___ Faculty/Staff Payroll Deduction (\$350/year)

___ Faculty/Staff Non-Payroll Deduction (\$350/year)

___ Spouse (\$300/year)

___ Other: _____

Amount Paid this Vitality Year

___ \$350

___ \$300

___ Other: _____

For any questions regarding this Membership Documentation, please contact the staff listed below:

Samantha McLeod
Member Services Coordinator, Department of Campus Recreation
314-977-3973 | samantha.mcleod@slu.edu