Department of Recreational Sports Transaction Request

**Contact Information**

*OSU ID:*

Payable to “DRS” Check #:

**Verification**

Client Initial Here:___________________  OPS Initial Here:______________

**Payment Method (check one):**

☐ Check  ☐ Student Account

**OSU Community Status (Circle One):**

- Student
- Faculty/Retired Faculty
- eCampus
- Staff
- Associate
- OSU Alumni
- Student Alumni

**Check Option(s):**

- **PRICE**
  - New / Renew

**DETAILS**

**CIRCLE ONE**

- **PAYMENT METHOD** (check one)
  - Department Index
  - Credit Card

**Check Option(s):**

- **LOCKER TYPE**
  - "Small" Locker Rental
  - "Large" Locker Rental

**CIRCLE ONE**

- **PRICE**
  - New / Renew

**DETAILS**

**Check Option(s):**

- **PASS TYPE**
  - Annual (Fall Only)
  - 9-Month (Fall/Winter only)
  - Term
  - Half Term (second half of term only)
  - Fit Pass Annual (Fall only)
  - Fit Pass 9 month (Fall/Winter only)
  - Fit Pass - Term
  - GUEST Pass

**Statement of Risk:** Risk is inherent in all recreational activities. Participants become involved at their own risk and should be prepared to accept this element of risk as part of their activity.

**OTHER (SPECIFY):**

**Check Option(s):**

- **PRICE**
  - New / Renew

**TOTAL $ AMOUNT:**

**I understand that by completing this request I am authorizing Dixon Recreational Services staff to process the above listed transactions(s) using the following payment method:**

**SIGNATURE:**

(Parant or Guardian MUST sign if under 18)

- Please charge my OSU student account.*
- Please charge my MC or VISA (circle one)
- Please find a check payable to “DRS”
- Send e-mail receipt

**ID#**

(*must be current OSU student during term of the charge)

**Card #:**

**exp date:**

**Check #:**

**Client Initial Here:**___________________  **OPS Initial Here:**______________