

Appendix 8
Fanshawe Student Union
Club Locker Space Application



Name of Club: _____

By signing this form, you agree to all the rules and regulations set out in the Fanshawe Student Union Club Policy as well as Fanshawe College and Fanshawe Student Union policies and procedures.

President: _____
Name *Sign*

and/or

Secretary: _____
Name *Sign*

Locker space is given on a yearly basis. Your locker contents will need to be emptied by the end of April, unless your club is continuing into the summer (contact the FSU main office if you require the space in the summer). Please do not store valuables in your locker. The FSU is not responsible for any lost/stolen items left in your locker.

Issue Date: _____ Expiry Date: _____

For Office Use Only:

Approved by VP Internal/FSU Administrative Services Staff: Yes No

Date Approved: _____

Locker Number Issued: _____ Expiry Date: _____

Issued By: _____