

**Sedgwick Recreation Commission**

PO Box 45

Sedgwick, KS 67135-0045

[sedgwickrec@cityofsedgwick.org](mailto:sedgwickrec@cityofsedgwick.org)

(316) 215-0210

**Fitness Center Registration Form**

---

---

**Personal Information**

---

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

**Membership Type**

---

(Indicate Type of Membership)

- Single Non-Student  **\$20.00 per month**
- Student  **\$15.00 per month**
- Family  **\$30.00 per month**
- Senior Couple (60 & over)  **\$25.00 per month**
- Single Senior (60 & over)  **\$15.00 per month**

**Registration Fees** \_\_\_\_\_ Make check payable to Sedgwick Recreation Commission

Mail completed form with check to address listed above. If you have questions please  
Email Sedgwick Recreation Commission at  
[sedgwickrec@cityofsedgwick.org](mailto:sedgwickrec@cityofsedgwick.org)