



Human Resources
 2130 Fulton Street
 San Francisco, CA 94117-1080
 TEL 415 422-6707

Koret Enrollment Form
 Executive Officer and F-T Faculty
 Spouse / Legally Domiciled Adults / IRS Dependent(s)

My signature below affirms my USF affiliation as (please check one):-

Executive Officer Member of the F-T Faculty

Further, I confirm that the person listed below is my Legal Spouse / Legally Domiciled Adult (LDA)/
 IRS Dependent(s), in accordance with USF rules.

I understand that providing false information on this form will result in the immediate revocation of
 Koret Health and Recreation Center membership benefits for both myself and my Legal Spouse /
 Legally Domiciled Adult / IRS Dependent(s).

Name (Please Print Clearly)	Signature	Campus Extension
Printed Name of Spouse		Date
Printed Name of LDA		Date
Printed Name of IRS Dependent(s)	(Please Check One)	under 18 18+
Printed Name of IRS Dependent(s)	(Please Check One)	under 18 18+
Printed Name of IRS Dependent(s)	(Please Check One)	under 18 18+
Printed Name of IRS Dependent(s)	(Please Check One)	under 18 18+

For Office Use Only

Human Resources Representative _____
 Date _____
 USF Executive Officer _____
 USF Faculty _____

Recreational Sports Representative _____
 Date _____
 Waivers _____
 Photos _____
 Initials _____