



Hornet Central Use Only:	
Date: _____	Amt Paid: \$ _____
Receipt #: _____	A/R Initials: _____

## VCC Pool Private Event Reservation

**[This slip must accompany payments to the Hornet Central]**

**Department/Sponsor:** Campus Recreation & Wellness -Matt Levy – Director

**Nard Code:** RECPI                      **Budget:** 3031315-451900

**Date of reservation:** \_\_\_\_\_                      **Preferred Time:** \_\_\_\_\_

**Amount of payment**                      **\$225.00 - 2 hour reservation**  
 \_\_\_\_\_ by initialing here, I would like to add an additional hour to my reservation for an additional **\$100.00**

**Faculty/Staff's Name:** \_\_\_\_\_

**Faculty/Staff's Phone #:** \_\_\_\_\_

**SU ID # (Required):** \_\_\_\_\_                      **E-Mail Address (Required):** \_\_\_\_\_

*Hornet Central: Return form to Brandt Student Center attn: Matt Levy, Director for  
 Campus Recreation & Wellness after payment is made*

**VCC Pool – Summer 2024**

**Method of Payment:**

- Cash (In person)
- Check (Enclosed is my check payable to Shenandoah University)
- Credit Card (complete section below if paying by VISA, MasterCard, Discover, American Express)

(By signing, I authorize Shenandoah University to charge my credit card listed for the amount noted on this form. I understand that I will be charged a nonrefundable 1.5% surcharge if I enter a credit card number. I understand that I will not be charged a surcharge if I enter a debit card).

**Cardholder Name:** \_\_\_\_\_  
 (PLEASE PRINT NAME AS IT APPEARS ON CARD)

**Card Holder Signature:** \_\_\_\_\_  
 (SIGNATURE REQUIRED TO PROCESS PAYMENT)

**Credit/Debit Card #:** \_\_\_\_\_                      **Exp. Date:** \_\_\_\_\_

**Please return this form and payment to:**  
 Shenandoah University  
 Hornet Central  
 1460 University Drive  
 Winchester, VA 22601  
 Fax: 540.665.5433