



One University. One World. Yours.

APPENDIX B: SPORT CLUB MEMBERSHIP ROSTER

Club Name: _____

School Year: _____

Name (Please Print)	Student Number (A#)	Primary Telephone #	Emergency Contact Name & #

Please photocopy this piece of paper if you have more than 20 participants)
Return completed form to Coordinator of Programs, Department of Athletics & Recreation, 2nd Floor, The Homburg Centre for Health and Wellness.