



UNIVERSITY OF SASKATCHEWAN  
**Ballroom Dancing Club**

**Section (A): Member Information** (Please Ensure All Fields Are Correct)

Member Name (First, Last)		Phone Number	Member #
Address		E-Mail	Class #
City	Postal Code	Class Time/Date/Location	

**Section (B): Volunteer Information**

<b>Role:</b> <input type="checkbox"/> Lead <input type="checkbox"/> Follow	<b>University Affiliation:</b> <input type="checkbox"/> Alumnus <input type="checkbox"/> Staff/Faculty <input type="checkbox"/> Student	<b>Years With Club:</b> _____: Beginner (Plus) _____: Intermediate (Plus) _____: Advanced _____: Volunteer Partner
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**Section (C): Availability**

<b>Terms:</b> <input type="checkbox"/> Term One <input type="checkbox"/> Term Two	<b>What Classes Are You Interested In</b> (in order of preference)
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**Section (D): Contact**

**How Can We Contact You:**  
 Phone  
 E-Mail

**Section (E): Comments**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Form And Information Submission**

Option A: Mail	Option B: In Class Drop Off	Option C: E-Mail
Mail this form and any attachments to the club at:  University of Saskatchewan Ballroom Dancing Club PO Box 27048 Saskatoon, SK, S7H 5N9	Leave the form and all additional attachments in an envelope at the location drop-off bin.  (ask your instructor for help if required)	<a href="mailto:info@uofsbdc.com"><b>info@uofsbdc.com</b></a>