

STEP OFF

Registration Form

Name: _____

Address: _____

City: _____ Zip code: _____

Phone #: (_____) _____

E-mail: _____

MUID #: _____

Last 4 digits of social security number: _____

Please circle one:

Student Faculty Administration

Department: _____

Emergency contact: _____

Phone #: (_____) _____

Suggested walking time: _____

Signature: _____

Return to: Amy Bockman, Helfaer Recreation Center

Phone: 288-3302