FROM STUDENTS FOR STUDENTS

www.vu.edu.au/ssaf

SPONSORED FITNESS CENTRE MEMBERSHIPS 2012

First Name: _____ Surname: _____

Student ID no.: _____ Course: _____

Contact Phone No.: _____ Email: _____

Fitness Centre you are applying for: ☐ Footscray Park ☐ St. Albans ☐ Werribee

Please state why we should choose you to receive a 12 month Fitness Centre Membership.

I acknowledge that the people chosen to receive each sponsored membership are strictly at the discretion of the Sport and Health staff. Those chosen will be contact directly by a Sport and Health Staff member via the contact information you have supplied above by August 17th, 2012.

_____ _____ _____

Name Signature Date

Email completed application forms to vuafc@vu.edu.au