

APPLICATION FOR STATUS AS A MEMBER OF CANADIAN INTERUNIVERSITY SPORT.

Name of University

Address

Phone #

Fax #

Web Site Address

Director of Athletics

Phone Number

E-mail

Please list the CIS sports offered at your institution, specify men's or women's sport.

_____	_____
_____	_____
_____	_____
_____	_____

Director of Athletics Signature

Date

Please attach all documents, plans, forms and letters as required, attach a cheque for \$1,000 (one thousand) and remit to the address below by December 31.

September 2004

CIS/SIC
N205-801 King Edward Ave.
Ottawa ON K1N 5N4
ATT: CEO