Workplace Challenge Information Sheet

Due by June 28, 2011

Name____________________________________________ Phone #____________________
Campus Mailing Address_________________________________ Z=____________________
Permanent Address________________________________________
City____________________    State_________________ Zip__________________
E-mail Address__________________________________________

☐ Employee       ☐ Undergraduate       ☐ Graduate

Please tell us which area of campus you are employed or are a student?

☐ West Campus       ☐ University Medical Center
☐ HSC       ☐ School of Medicine       ☐ Other_______________
☐ Undergrad Student       ☐ Graduate Student

What size T-shirt would you like:

☐ Small
☐ Medium
☐ Large
☐ X-Large

Return this form with your registration form by June 28, 2011 to:

Steve Macchiarolo
Manager of Student Personnel & Special Events
Department of Campus Recreation
Stony Brook University
225 Student Activities Center
Stony Brook, New York 11794-2800
(631) 632-4661
(631) 632-2238 FAX