

 MEMBERSHIP REPORT		Club Name:			
		FACILITY:			
		DATE SUBMITTED:			
No	REC.CARD NO.	NAME (print)	No	REC. CARD NO.	NAME (print)
1			22		
2			23		
3			24		
4			25		
5			26		
6			27		
7			28		
8			29		
9			30		
10			31		
11			32		
12			33		
13			34		
14			35		
15			36		
16			37		
17			38		
18			39		
19			40		
20			41		
21			42		

FORM CR-15
 DUE DATE: February 1
 TO: Recreation Activities Manager

No	REC.CARD NO.	NAME (print)	No	REC. CARD NO.	NAME (print)
43			64		
44			65		
45			66		
46			67		
47			68		
48			69		
49			70		
50			71		
51			72		
52			73		
53			74		
54			75		
55			76		
56			77		
57			78		
58			79		
59			80		
60			81		
61			82		
62			83		
63			84		

