



New/Interested Athlete

I have heard/read about the Penguins and would like to :

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| - Speak to someone to learn more about the programs being offered | <input type="checkbox"/> | <input type="checkbox"/> |
| - Come to a practice and see if I like the sport                  | <input type="checkbox"/> | <input type="checkbox"/> |

I am interested in learning more about:

- Swim program
- Wheelchair Basketball program
- Boccia program

My contact details are:

Name:  
 Address  
 Telephone #  
 E-mail address:

Please indicate where you have heard about the Penguins

I have heard about the Penguins from

From a current Penguin Athlete /Member ( referred by) \_\_\_\_\_  
 or

Through an organization ( if more than one please list them all)

\_\_\_\_\_  
 \_\_\_\_\_

I read about the Penguins in the following (please list all) :

\_\_\_\_\_  
 \_\_\_\_\_

This form can be submitted to: [niagarapenguins@brocku.ca](mailto:niagarapenguins@brocku.ca), dropped off at the Welcome Recreation Desk at Brock University or mailed to  
 Brock Niagara Penguins Co-ordinator  
 c/o Dr. James Mandigo , Faculty of Applied Health Science  
 Brock University, 500 Glenridge Ave St Catharines , Ont L2S 3A1

***“emphasis on individual achievements & gaining skills as a member of a strong team”***