

STATE UNIVERSITY OF NEW YORK AT BUFFALO - RECREATION & INTRAMURAL SERVICES

NAME: _____ PHONE: _____

BEST TIME TO CALL: _____

PREFERENCE: _____ ALUMNI ARENA _____ CLARK HALL

*** RETURN THIS FORM TO 130 ALUMNI ARENA, AS SOON AS POSSIBLE ***

"X" OUT THE HOURS THAT YOU ARE AVAILABLE TO WORK

TIME	MON.	TUES.	WED.	THUR.	FRI.	SAT.	SUN.
7:00 AM						SATURDAY AND SUNDAY HOURS 12:00 - 5:30 PM	
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
NOON							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
11:00 PM							

SIGNATURE: _____ DATE: _____