

Student Activities Section / Female
Sport Activities Unit

Sports Activities Form (Female)

Date of birth:	Name :
Mobile No :	Nationality :
Faculty:	Student ID :
City :	Emirate :
Room No :	Hostel name :

Please mark the sports you want to join

<i>Football</i> <input type="checkbox"/>	<i>Basketball</i> <input type="checkbox"/>	<i>athletics</i> <input type="checkbox"/>
<i>Volleyball</i> <input type="checkbox"/>	<i>Hand ball</i> <input type="checkbox"/>	<i>Badminton</i> <input type="checkbox"/>
<i>Table Tennis</i> <input type="checkbox"/>	<i>billiards</i> <input type="checkbox"/>	<i>Chess</i> <input type="checkbox"/>
<i>Swimming</i> <input type="checkbox"/>	<i>Tennis</i> <input type="checkbox"/>	

Other sports: _____

Were you a member of a sports team? Yes No

If yes, what is the sport? _____

Mention any awards that you got: _____

If you are a club player, mention the name of the club: _____

For contact:

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