



# THE COLLEGE OF ST. CATHERINE

## Chartered Club/Organization Roster

Organization Name: \_\_\_\_\_

Semester: \_\_\_Fall\_\_\_Winter Academic Year: \_\_\_\_\_

(Minimum of 5-7 members needed to maintain a group. Please list the names of members. Continue on the back if more space is needed.)

	<b>Complete Name of Member</b>	<b>CSC Mail #</b>	<b>Email</b>
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**Please return to the Student Center and Activities Office, Coeur de Catherine 270**