

Andrews University

Sport Engagement

2026-2027 Sport

Name of Employee: _____

Employee ID number: _____

Date	Sunday Soccer	Name of Class	Instructors Signature

Five Sunday Soccer signatures will count toward one wellness credit.

Submit completed forms to Benefits via:

- email at benefits@andrews.edu
- in person, 2nd floor of administration building, office 213A

4150 Administration Dr.
Berrien Springs MI 49104-0840
Office: 269-471-3327
Fax: 269-471-6293
Web: Andrews.edu/hr
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