



**Sport Club Information Sheet
(Please Print)**

Name of Club: _____ Current Semester: _____

Number of Total Members: Men _____ Women _____
 Number of Full-time Student Members: Men _____ Women _____
 Number of Non-student Members: Men _____ Women _____

Club Email: _____ Club Website: _____

Faculty Advisor: _____ Phone #: _____

| Club Officers: | Name | Address | Phone | Email |
|-----------------------|-------|---------|-----------|-------|
| PRESIDENT | _____ | _____ | (H) _____ | _____ |
| | | _____ | (C) _____ | |
| VICE-PRESIDENT | _____ | _____ | (H) _____ | _____ |
| | | _____ | (C) _____ | |
| SECRETARY | _____ | _____ | (H) _____ | _____ |
| | | _____ | (C) _____ | |
| TREASURER | _____ | _____ | (H) _____ | _____ |
| | | _____ | (C) _____ | |

Does the club have a coach approved by the Assistant Director, Sport Clubs & Camps? (Circle one) YES NO

If yes, Name: _____ Phone # _____
 Name: _____ Phone # _____ *Limit 2 Per Club*

Attend state, regional, or national competitions last semester? (Circle one) YES NO

If yes, indicate what competition, location, and place that club or club member finished in:

Special needs for this semester:

Club election date: _____