



101 Colvin Center • Stillwater, OK

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ACTIVITY REPORT

CLUB _____

Dates: From Sunday _____ to Saturday _____

Practices:

Number of practices _____

Number of members at each practice _____

Any accidents/injuries? Yes No

If yes, who was it, severity of the injury, and action taken _____

Meetings:

Did you have a team meeting? Yes No

If yes, what was the topics of discussion? _____

Events/Competition;

Did you attend any events/competitions? Yes No

If yes, how did you do? _____

Any accidents/injuries? Yes No

If yes, who was it, severity of the injury, and action taken _____

Suggestions/Complaints:

Form must be turned in by the following Wednesday