

**SPORT CLUBS
INTERNAL INFORMATION**

CLUB: _____

Date: _____

WEB ADDRESS: _____

Name and Phone Numbers

| | | | |
|---------------------------------|-----------------------|--------------------------|------------------------|
| _____ Advisor Name | _____ Phone Number | _____ Mailing Address | _____ Email Address |
| _____ President Name | _____ Phone Number | _____ Mailing Address | _____ Email Address |
| _____ Vice President Name | _____ Phone Number | _____ Mailing Address | _____ Email Address |
| _____ Treasurer Name | _____ Phone Number | _____ Mailing Address | _____ Email Address |
| _____ Secretary Name | _____ Phone Number | _____ Mailing Address | _____ Email Address |
| _____ Equipment Manager Name | _____ Phone Number | _____ Mailing Address | _____ Email Address |

Meetings:

Day and Time: _____

Location: _____

Practice:

Day and Time: _____

Location: _____

Our Active Season Runs From...

Our Activities Consist Mainly of...

Return this form to Karissa Waddell, 101 Colvin Recreation Center.