REQUEST FOR RECOGNITION

Once you have scheduled a pre-planning meeting with the Club Sports Coordinator, complete this form and bring it to the meeting.

Date: __________

Applicant Name: ______________________ Phone #: __________________

Email: ___________________________ Student #: __________________

Proposed Club Sport Name: __________________________________________

Season Schedule: (circle all that apply)

Fall (Sept.-Dec.)  Winter (Jan.-April)  Spring/Summer (May-August)

What is the minimum number of students needed for the Club Sport? __________

Have you held an interest meeting on campus? YES NO

What is the name of the League for the Club Sport? ______________________

What facilities are required for competition? ______________________

What facilities would be used for practices? ______________________

NOTE:

RECOGNITION GRANTED/DENIED:

______________________________  ______________________
(Signature of Club Sports Coordinator)  (Date)