

UNIVERSITY OF ROCHESTER
CLUB SPORTS PROGRAM

STUDENT ORGANIZATION
REGISTRATION FORM

Date _____

1. Organization's Name _____ Phone _____

2. Organization's Campus Address _____ # _____
(If previously assigned)

3. Classification (check one)
- | | |
|---------------------------------|--|
| _____ Academic Honorary | _____ Performance/Arts |
| _____ Academic/Pre-professional | _____ Publications |
| _____ Advocacy | _____ Religious |
| _____ Entertainment/Social | _____ Residential Hall Council |
| _____ Ethnic Interest | _____ Service |
| _____ Governance | _____ Special Interest |
| _____ Special Interest Housing | _____ Greek Letter Fraternity/Sorority |
| _____ Sports/Recreation | _____ Other (please specify) |

4. The purpose of this organization is _____

5. Number of Members _____

Officers

Officers must be full-time matriculated students at the University of Rochester. Please list your three or four high-ranking officers.

Name _____ Title _____ Class _____

Campus Address _____ Phone _____

Home Address _____ Phone () _____

Name _____ Title _____ Class _____

Campus Address _____ Phone _____

Home Address _____ Phone () _____

Name _____ Title _____ Class _____

Campus Address _____ Phone _____

Home Address _____ Phone () _____

Name _____ Title _____ Class _____

Campus Address _____ Phone _____

Home Address _____ Phone () _____

6. Elections

7. Date of organization elections _____ Date Officers take office _____
Length of Officer Service: _____

8. Constitution

New organizations are required to submit a current constitution with this form. Does your organization have one on file with the Student Activities Office?

_____ Yes (date last updated) _____ No (if no, submit a copy with this petition).

9. Funding

Has the organization been approved as eligible for funding by the River Campus Student Association?

_____ Yes _____ No . _____ Plan to apply

Does the organization receive regular operating funds from other sources? Please list:

10. Responsible Office

All organizations must be recognized by the Director of the responsible office. An advisor will then be assigned to the organization.

- Entertainment/Social, Performance/Arts, Publications, Advocacy, Ethnic Interest, Governance, Service, Special Interest: Student Activities Office, 201 Wilson Commons.
- Academic Honorary: College Department Office.
- Academic/Preprofessional: College Department Office.
- Greek Letter Fraternity/Sorority: Director of Greek Affairs, Office of Residential Life, 20 Gates, Susan B Anthony Hall.
- Religion: Director of Religious Affairs, Interfaith Chapel.
- Sports/Recreation: Director of Club Sports, Office of Athletics and Recreation, Goergen Athletic Center.
- Special Interest Housing, Residential Hall Councils: Office of Residential Life, Susan B. Anthony Hall.
- Other: Student Activities Office

Advisor from Responsible Office

Advisor's Name (print) _____

Advisor's Signature

Position or Title _____

Campus Address _____ Phone _____

11. Additional Advisors (if any)

Name (print) _____ Position _____

Campus Address _____ Phone _____

Name (print) _____ Position _____

Campus Address _____ Phone _____

12. My signature below confirms my organization's understanding of and agreement to comply with the rules and regulations outlined in the current Rules and Regulations for Student Organizations at the University of Rochester. I understand that violation of any rule or regulation may result in the suspension or termination of this body as a registered student organization.

SIGNATURE OF OFFICER COMPLETING PETITION _____

DATE _____

* **RETURN THIS FORM TO 201 WILSON COMMONS, STUDENT ACTIVITY OFFICE. FOR MORE INFORMATION, CONTACT THE DIRECTOR AT 275-9390.**