REQUEST FOR RECOGNITION

Club Sport: __________________________ Date: __________________________

Form Prepared By: ____________________

Officers:

President: ___________________________ Other title: ___________________________

Email: ___________________________ Name: _______________________________

Business Manager: ___________________ Email: ____________________________

Email: ___________________________ Other title: ____________________________

Note: if you want to add more officer titles, please follow format and write on back of form

Name: ______________________________

Email: ______________________________

Faculty/Staff Advisor: ___________________

Email: ___________________________ Phone number: _________________________

Number of persons interested in active membership:

Students: _______ Faculty/Staff: _______ Community Members: _______

Are you or have you been active (holding meetings and/or practice) for one semester? (Check one)

Yes: _______ No: _______

Season of Sport: (Check all that apply)

Fall (Sept-Dec): _______ Spring (Jan-May): _______ Summer (June-Aug): _______

Explain the need for this club sport at the University of Rochester (use addition space if necessary)

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

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<tr>
<th>Facilities required for practices:</th>
<th>Facilities required for games/competition</th>
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<tr>
<th>Opportunities for In-State competition:</th>
<th>Opportunities for Regional competition are:</th>
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Funding required for the operation of this Club Sport $__________________

**NOTE: Please attach a copy of your Constitution and By-Laws**

A majority of the members of the Club Sport have voted in favor of becoming a Club Sport under the administration of the Department of Athletics & Recreation and the Students’ Association. As a group we agree to conduct our affairs in accordance with the rules and regulations of the University of Rochester and the policies and procedures of the Club Sports Program as specified in the Club Sports Manual.

Signature of the President ___________________________ Date __________

**RECOGNITION GRANTED**

Signature of Club Sports Director ______________________ Date __________

Recognition is granted for one year only- September through August. Organizations must apply for renewal annually using the SA Renewal Form (available in Wilson Commons 201).