UNT Sport Clubs Program

Sport Club Application

Date: _____

Please complete and submit to Assistant Director of Sport Clubs.

Name of Club:	
Student Leader:	Phone:
Local Address	Alternate Phone:
E-mail Address:	Permanent Address
Alternate Leader	Phone:
Local Address	Alternate Phone:
E-mail Address:	Permanent Address

Faculty/Staff Advisor:	
Department:	Phone:

Approximate Number of Members: _____Males _____Females

Do you plan on requesting funding? _____Yes _____No
What do you plan to purchase with the funds?_____
_____
_____

Please list any previous experience(s) with this club and/or the sport club program in general either at this university or another._____
_____

Sport Club Web-site_____

For Office Use Only Below this Line

---

1) Club has completed the Student Activities Organization Registration on-line?
   _____Yes _____No
2) Budget Request received? _____ Yes _____No
3) Risk Assessment Approved _____ Yes _____ No
4) Liability Waiver Approved _____ Yes _____ No

Club Approved to Present to SC Committee

Asst. Director_____ Associate Director_____ Director of Rec Sports_____