THE UNIVERSITY OF ARIZONA
CAMPUS RECREATION

Club Sports
Club Application

The University of Arizona
Department of Campus Recreation
Application for Arizona Collegiate Club Sport Recognition

Complete Club Name: _____

Main Contact Person: _____ Title: _____

Phone:_____ E-mail: _____

Club Website Address: _____

Social Media Accounts:

Facebook: _____ Twitter: _____

Instagram: _____ Snapchat: _____

How long has your club been active with ASUA? _____

Do you have at least 10 club members? Yes No

Do interested members need experience? Yes No

Do you hold try-outs? Yes No

Amount of Club Dues: _____per: semester /month/ year

Annual Club Budget: _____ Annual amount of fundraising: _____

If competitive, the main competition season is (circle one): Fall Spring

Please do not abbreviate the following information. List complete name of a national association and/or league.

Club Sport National Governing Body: _____

League Affiliation: _____

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Purpose/Description of Club Sport (reason for formulation):

List of Officers:

President:_____ Phone: _____ e-mail: _____

Vice-president: _____ Phone: _____ e-mail: _____

Treasurer: _____ Phone: _____ e-mail: _____

Advisor:_____ Phone: _____ e-mail: _____

Advisors' Title: _____

Coaches:

Head Coach:_____ Phone: _____ e-mail: _____

Asst Coach:_____ Phone: _____ e-mail: _____

Asst Coach:_____ Phone: _____ e-mail: _____

Please return this form to crec-clubsports@email.arizona.edu or submit to the Sports Office at Campus Recreation