

Idaho State University Campus Recreation
SPORT CLUBS PROGRAM

Registration Form

Official Sport Club Name: ISU Sport Club

National Governing Body: _____

Leadership:

President _____ ISU ID # _____

Phone # () _____ E-mail _____

Vice President _____ ISU ID # _____

Phone # () _____ E-mail _____

Secretary _____ ISU ID # _____

Phone # () _____ E-mail _____

Treasurer _____ ISU ID # _____

Phone # () _____ E-mail _____

Representative _____ ISU ID # _____

Phone # () _____ E-mail _____

Check if same as: President Vice President Secretary Treasurer

Safety Officer _____ ISU ID # _____

Phone # () _____ E-mail _____

Check if same as: President Vice President Secretary Treasurer

Safety Officer _____ ISU ID # _____

Phone # () _____ E-mail _____

Check if same as: President Vice President Secretary Treasurer

Advisor _____ Department _____

Phone # () _____ E-mail _____

Coach _____ ISU Employee? Yes No

Phone # () _____ E-mail _____

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Club Requirements:

Dues _____

Procedure for Joining _____

Personal Equipment Needs _____

Commitment Expected of Club Member _____

Additional comments that would be beneficial for persons interested becoming members _____

List of Members:

1	11	21
2	12	22
3	13	23
4	14	24
5	15	25
6	16	26
7	17	27
8	18	28
9	19	29
10	20	30

Campus Recreation Use Only

Date Received ____ - ____ - ____ Constitution Approved By: SCC ASISU

On File: All Member Waivers & Forms Advisor Waiver SO Waivers

Approved By Sport Clubs Council Recognition Committee Yes No

Signature of Assistant Director _____

Signature of Recognition Committee Chair _____