



THE UNIVERSITY OF ARIZONA

**CAMPUS  
RECREATION**

Club Sports  
Fall 2017 Semester Form

Club Name:

**President Name:**

Email:

Phone #:

**Secretary Name:**

Email:

Phone #:

**VP Name:**

Email:

Phone #:

**Treasurer Name:**

Email:

Phone #:

**Officer Position:**

**Name:**

Email:

Phone #:

**Officer Position:**

**Name:**

Email:

Phone #:

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Club Website:

Club Facebook:

Club Twitter:

Club Instagram:

Club Snapchat:

Club Email:

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Practice Location:

Time of practice:

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Membership System:

Open

Tryouts

Other

If other, please describe:

Membership Dues (\$ per person): Fall:

Spring:

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National Governing Body:

League/Conference:

NGB Fee:

League/Conference Fee: