

# FUNDING REQUEST FORM

<b>Official Club Name</b>	
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<b>Club Representative</b>	
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<b>Phone</b>		<b>Email</b>	
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<b>Position</b>	
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<b>Participation Status</b>
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Please attach you practice and competition schedule from the 2015-2016 year

What are the clubs goals for the 2016-2017 academic year.



**CAMPUS  
RECREATION**

1400 E. 6th Street  
P.O Box 210117  
Tucson, Arizona 85721  
campusrec.arizona.edu

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List noteworthy accomplishments or awards received by club or its members during the 2015-2016 academic year.


Please explain any considerations or circumstances the Sport Program staff should be aware of when reviewing this information. This information will be utilized in the process of determining funding for the club.




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