

University of Illinois
Division of Campus Recreation
Sport Club Program

REQUEST FOR AFFILIATION/RENEWAL

CLUB NAME _____ DATE SUBMITTED _____
CLUB PRESIDENT _____ PHONE # _____ EMAIL _____
CLUB VICE PRESIDENT _____ PHONE# _____ EMAIL _____
CLUB SECRETARY _____ PHONE# _____ EMAIL _____
CLUB TREASUER _____ PHONE# _____ EMAIL _____
FACULTY ADVISOR _____ PHONE# _____ EMAIL _____
REGISTERED STUDENT ORGANIZATION NUMBER (RSO NUMBER/ACCOUNT NUMBER) _____

CLUB GOALS AND OBJECTIVES FOR THE YEAR _____ (USE BACK IF NECESSARY)

1. _____

2. _____

3. _____

SIGNATURE OF THE PRESIDENT _____ DATE _____
SIGNATURE OF THE ADVISOR _____ DATE _____

CHECKLIST FOR ITEMS SUBMITTED TO THE ASSISTANT DIRECTOR OF CLUB SPORTS:

- | | |
|--------------------------------------|----------------------------|
| 1. LIST OF CURRENT OFFICERS | SUBMITTED____ APPROVED____ |
| 2. MEMBERSHIP ROSTER | SUBMITTED____ APPROVED____ |
| 3. INFORMED CONSENT AND WAIVER FORMS | SUBMITTED____ APPROVED____ |
| 4. SCHEDULE OF EVENTS | SUBMITTED____ APPROVED____ |
| 5. INSURANCE DUES FOR EACH MEMBER | SUBMITTED____ APPROVED____ |
| 6. RSO ACCOUNT NUMBER | SUBMITTED____ APPROVED____ |

SIGNATURE OF CLUB SPORTS STAFF _____ DATE _____