

Columbus State University

Club Sport Semester Information

(This form should be completed and turned in within the first two weeks of the semester.)

Club: _____ Semester & Year: _____

President: _____ ID #: _____

Phone: _____ Email: _____

Address: _____

Vice President: _____ ID #: _____

Phone: _____ Email: _____

Address: _____

Treasurer: _____ ID #: _____

Phone: _____ Email: _____

Address: _____

Secretary: _____ ID #: _____

Phone: _____ Email: _____

Address: _____

Advisor & Department: _____

Phone: _____ Email: _____

Address: _____

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Club Sport Schedule

Club Meetings:

Date: _____ Time: _____ Location: _____

Club Practices:

Date: _____ Time: _____ Location: _____

Try-Out Date:

Date: _____ Time: _____ Location: _____

Club Sport Information

of Members: _____ Individual Dues Amount: \$ _____

Group membership dues (if any) \$ _____

Does your club sport belong to a national organization? Yes or No

If yes, please list the organization: _____

Additional Information:
