



**Department of Campus Recreation
New Sport Club Advisor Information Form**

Sport Club: _____

Name: _____
 First Middle Last

Position on Campus: _____

Campus Phone #: _____ **Email Address:** _____

Related Experience and Interest in this Club:

Valuable Certifications:

Any expenses that are incurred as an advisor for a sport club may not be eligible for reimbursement through the Department of Campus Recreations' sport club budget

By signing this document I agree to fulfill my advisor duties, abide by all SGA, SSI, and Sport Club Council policies, and serve in the best interest of this sport club, Department of Campus Recreation and the University. I understand the responsibilities and obligations of serving as an advisor for a sport club as listed in the sports club handbook.

Advisor Signature: _____ **Date:** _____

Club President Signature: _____ **Date:** _____