



**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:** \_\_\_\_\_