Instructions: This form must be completed annually by returning sport clubs to apply for recognition by the Club Sports Program. The purpose of the form is to provide the ASUN and Student Activities staff with the general information of what your club hopes to accomplish and how you will plan and prepare for safety and the well being of your participants this year. Please be as detailed as possible when filling out this application, and use additional paper if necessary.

Sport Club: ___________________________________________ Date: __________________

President’s Name: ______________________________________

Phone: ___________________________ E-mail Address: ___________________________

Vice President’s Name: ____________________________

Phone: ___________________________ E-mail Address: ___________________________

Is the club (check all that apply) Competitive: ______ Recreational: ______ Instructional: ______

Number of students currently interested in active membership: ___________

Why is the club seeking the recognition of the Sport Clubs Program?

_____________________________________________________________________________________________

_____________________________________________________________________________________________

List the available opportunities for in-state and regional competition:

_____________________________________________________________________________________________

What semesters will the club be active (check all that apply)? Fall: ___ Wintermester: ___ Spring: ___ Summer: ___

What precautions will you take to insure that the health and safety of all club participants in club sponsored activities?

_____________________________________________________________________________________________

What skills will be taught to beginner and intermediate participants? How will you include advanced skilled participants?

_____________________________________________________________________________________________

Will the club travel to compete? If so, list probable travel destinations:

_____________________________________________________________________________________________

What facilities do you need and how often?

_____________________________________________________________________________________________

**ATTACH A COPY OF YOUR CONSTITUTION AND BY-LAWS (if any).

A majority of the members of this club have voted in favor of becoming a sport club under the administration of ASUN. As a group, we agree to conduct our affairs in accordance with the rules and regulations of the University of Nevada, Reno.

*It is the responsibility of the Club President to inform all club members that any photos taken during club activities may be used to promote the club or the Club Sports Program. If any club member objects, they may contact CRS.

_________________________________________________________ Date:

Signature of Club President

FOR OFFICE USE ONLY

RECOGNITION GRANTED______ DENIED______

Approved By: ___________________________________________ Date: ___________________________