Sport Club Registration Form

This form is for print use only. Please note that completed registration form must be submitted to Barnes Center at The Arch Recreation, Suite 125. Please ensure that all information is complete and accurate.

Basic Information

Name of Sports Club: ___________________________学术年: __________

Mission Statement (This is what will be published about your student organization.):

________________________________________________________________________

________________________________________________________________________

Membership Information

Is your membership open to? (Circle all that apply.) Undergraduate Graduate

Membership Policy (Circle one.) Open Limited

During what month do you hold executive board elections (Please complete by April.): __________

Is your Club a member of a state, regional and/or national organization? (Circle one.) Yes No

If yes, please specify:

________________________________________________________________________

________________________________________________________________________

Website Information

Club email address: ___________________________ Website address: ___________________________

Website Administrator Name: ________________ Email Address: ____________________________
Faculty/Staff Advisor Information
Please note this is required to be registered.

Full name of Advisor: ____________________________________________

Email address: ______________________ Phone number: ______________________

Mailing Address: ______________________________________________

City: _______________ State: _______________ Zip code: _______________

Advisor signature: ______________________________________________

Club Officer Information
It is required to have four officers registered.

Club Officer Statement
My signature below confirms mine and my organization’s understanding of and agreement to comply with the Syracuse University Code of Student Conduct, Sport Club polices outlined in Sport Club Handbook and University polices and procedures.

President
This person’s information will be considered public information. The president will receive all e-mail communications via the Club Sport listserv.

Full name: ______________________ Position: President

Email address: _______________ Phone number: _______________ SU ID: _______________

Local Mailing Address: ______________________________________________

City: _______________ State: _______________ Zip code: _______________

Class Year (Circle one.): First-Year Sophomore Junior Senior

Signature: ______________________________________________
Second Officer

Full name: ____________________________  Position: ____________________________

Email address: ______________  Phone number: ______________  SU ID: ______________

Local Mailing Address: ______________________________________________________

City: ________________  State: ________________  Zip code: ________________

Class Year (Circle one.): First-Year  Sophomore  Junior  Senior

Signature: ________________________________________________________________

Third Officer

Full name: ____________________________  Position: ____________________________

Email address: ______________  Phone number: ______________  SU ID: ______________

Local Mailing Address: ______________________________________________________

City: ________________  State: ________________  Zip code: ________________

Class Year (Circle one.): First-Year  Sophomore  Junior  Senior

Signature: ________________________________________________________________

Fourth Officer

Full name: ____________________________  Position: ____________________________

Email address: ______________  Phone number: ______________  SU ID: ______________

Local Mailing Address: ______________________________________________________

City: ________________  State: ________________  Zip code: ________________

Class Year (Circle one.): First-Year  Sophomore  Junior  Senior

Signature: ________________________________________________________________