



Officers List

The following information is to be completed by the club president and returned to the Club Sports office by the first Club Sport Meeting each semester.

Club Sport: _____ Semester: _____ Year: _____

Coach: _____ Address: _____ Phone: _____

Date of officer elections: _____ Date of next officer elections: _____

OFFICE: **PRESIDENT** Name: _____ Phone: _____

Expiration date: _____ Address: _____ E-mail: _____

OFFICE: **VICE-PRESIDENT** Name: _____ Phone: _____

Expiration date: _____ Address: _____ E-mail: _____

OFFICE: **SECRETARY** Name: _____ Phone: _____

Expiration date: _____ Address: _____ E-mail: _____

OFFICE: **TREASURER** Name: _____ Phone: _____

Expiration date: _____ Address: _____ E-mail: _____

CPR/FIRST AID:

CPR: _____ Name: _____

Expiration Date: _____ Address: _____

First Aid: _____ Name: _____

Expiration Date: _____ Address: _____

Club Advisor: _____ Department: _____ Phone: _____

SIGNATURE OF CLUB ADVISOR

ADDRESS

E-MAIL

SIGNATURE OF CLUB PRESIDENT

DATE
