

UNIVERSITY OF SOUTH ALABAMA
DEPARTMENT OF CAMPUS RECREATON
SPORTS CLUB SEMESTER REPORT FORM

NAME OF CLUB _____ SEMESTER _____ YEAR _____

Name of Person Filing this Report _____ Date _____

Club Officers (at this date)	Local Address	Phone
President _____	_____	_____
Vice President _____	_____	_____
Secretary _____	_____	_____
Treasurer _____	_____	_____
Advisor _____	_____	_____

Regular Meetings and/or Practices

Day (s) _____ Time _____ Avg. Attendance _____

Avg. # men/meeting _____ Avg. # women/meeting _____

Club Competition:

<u>Event</u>	<u># of Club Participants</u>	<u>Location</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Evaluation and Recommendations: _____
