Dickinson College
Office of Intramurals and Recreation
Sport Club Intent to Organize Form
Organizer Contact Information

| Name: | Phone: |
| :--- | :--- |
| Email: |  |

Club Information
Club Name:
Description of Activity:
Type of Facility Needed by Club:
Will your club be competing against other college/university club teams?:
If yes, what governingbody would you be competing with?:
How is this club different than other club sports that are currently offered?
*Please Submit a copy of the club's constitution with this form*
Officer Information

| President | Name: |  | Dickinson ID\#: |
| :--- | :--- | :--- | :--- |
| Phone: |  | Email: |  |
| Vice President | Name: |  | Dickinson ID\#: |
| Phone: |  | Email: |  |
| Treasurer | Name: |  | Dickinson ID\#: |
| Phone: |  | Email: |  |
| Other Officer | Name: |  | Dickinson ID\#: |
| Phone: |  | Email: |  |


| What will the addition of this club add to the Dickinson Community? |
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| OFFICE USE ONLY | Date Received: |  |
| :--- | :--- | :--- |
| SCC Meeting Date: | Date Approved: |  |

