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 additi	ion of this club ad	d to the Dickinson Community?						
	Data Basaiyas							

OFFICE USE ONLY	Date Received:			
SCC Meeting Date:		Date A	oproved:	