

**Appalachian State University  
University Recreation  
Club Sports**

**REQUEST FOR AFFILIATION**

Proposed Team's Name: \_\_\_\_\_

Officer's Title	Name	Local Phone	ASU Email
President			
Vice President			
Secretary			
Treasure			
Club Sports Council Representative			

Team Advisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Email: \_\_\_\_\_

Anticipated # of Members: \_\_\_\_\_ Conference/League: \_\_\_\_\_

Season for Team Activities (check one):      Year Round \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Request for Affiliation Granted, Developmental Tier \_\_\_\_\_

Request for Affiliation Denied \_\_\_\_\_

Other \_\_\_\_\_

Coordinator for Sports Programs \_\_\_\_\_ Date \_\_\_\_\_

Coordinator for Sports Programs \_\_\_\_\_ Date \_\_\_\_\_

Assistant Director for Sports Programs \_\_\_\_\_ Date \_\_\_\_\_

Director of University Recreation \_\_\_\_\_ Date \_\_\_\_\_