

**George Mason University**  
**INTRAMURAL, CLUB & RECREATION SPORTS**  
**CLUB SPORT RECOGNITION**

Please Print or Type

**1. Organization Name** \_\_\_\_\_

**2. Official Representatives:** (Persons who accept responsibility for the organization, its actions, conduct, and activities; contracts must be currently enrolled at GMU; info listed here in the Organization Roster; all groups must include two names in the following section.)

Name \_\_\_\_\_

Local Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Permanent Phone \_\_\_\_\_

GMU ID# \_\_\_\_\_ Position Title \_\_\_\_\_

Undergrad \_\_\_\_\_ Graduate \_\_\_\_\_

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Name \_\_\_\_\_

Local Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Permanent Phone \_\_\_\_\_

GMU ID# \_\_\_\_\_ Position Title \_\_\_\_\_

Undergrad \_\_\_\_\_ Graduate \_\_\_\_\_

**3. Advisor** (GMU Faculty or Staff)

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**4. Standard Month for Change of Officers** \_\_\_\_\_

**5. Approximate number of members in the organization** \_\_\_\_\_

**6. Local/National Affiliation** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Contact Name \_\_\_\_\_

**The Contact Person(s) for this Organization agree(s):**

1. To read and abide by the policies, procedures, and regulations included in the Club Sports and Student Handbooks, and to inform the full organization membership of stipulations to which they must adhere.
2. That all information on this form is correct, complete and current, and that changes in this information will be reported in writing within seven (7) days to the Club Sports Office.
3. That organization officers will work responsibly with the Club Sports Office regarding the scheduling of events, requests for services, and the payment of bills.

Contact A \_\_\_\_\_ Date \_\_\_\_\_

Contact B \_\_\_\_\_ Date \_\_\_\_\_

Advisor \_\_\_\_\_ Date \_\_\_\_\_

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**NOTE:** Would your group like to be included on a list of student organizations which can be contact for assistance in campus or community service projects? Yes \_\_\_  
No \_\_\_

1. Probationary Recognition – Minimum one (1) year \_\_\_\_\_ Date \_\_\_\_\_

2. Full Recognition \_\_\_\_\_ Date \_\_\_\_\_

3. Recognition Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Reason for Disapproval \_\_\_\_\_