



How many people do you expect to have in your club? \_\_\_\_\_

What facilities would you require and how would you use them? Please list in order of preference.

Number of bookings per week: \_\_\_\_\_

Number of hours per week: \_\_\_\_\_

Preferred days and time: \_\_\_\_\_

Facility Usage: \_\_\_\_\_

Other than facility usage, what extra support services would you require?  
I.e. audiovisual, entertainment, photocopies, instructors, special events etc...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you plan on promoting the club and recruiting members? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other comments concerning this application: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please drop off your completed form to the Campus Recreation main office  
(KNA 101) Attention: Sport Club Coordinator.**

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required to process your request. If you have questions about the collection or use of this information, contact the FOIP Advisor at 220-5193.