

CAPITAL UNIVERSITY
INTRAMURAL & RECREATIONAL ACTIVITIES
CLUB SPORT PROGRAM

Semester Report

Complete all blanks of this form's top portion and as many lines of events as appropriate. Please be accurate and complete.

Club _____ Semester _____ 20 _____ Regular Meetings and/or Practices:
 Day(s) _____ Time(s) _____

Name of person filing this report _____ PH# _____

Average Attendance _____

Coaches _____ Total # of active members _____

_____ Average number present at meetings/practices:
 Men _____ Women _____

CLUB COMPETITION AND/OR PERFORMANCE/DEMONSTRATIONS:

	<u>Event</u>	<u>Date</u>	<u># Club members who participated</u>	<u>Location</u>	<u>Results</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____

<u>Event</u>	<u>Date</u>	<u># Club members who participated</u>	<u>Location</u>	<u>Results</u>
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