



LAURIER ATHLETICS AND RECREATION
CLUBS SANCTIONING APPLICATION FOR 2017-18

1. Club Information:

Name of Club: _____

Main Club Contact: _____

Mailing address: _____

Telephone number: _____

Email address: _____

2. Purpose and Constitution of the Club:

Please attach the club constitution, to include official name of the club, membership eligibility, fees, mission, purposes, objectives and organizational structure – executive positions and their duties, meetings, election of officers.

3. Club Participant Information

Membership Total in 2016-17: _____

Expected Membership in 2017-18: _____

2016-17 Student Club Membership Fee: _____

2017-18 Proposed Student Club Membership Fee: _____ + \$30.00 Club Fee (recreational)
= _____ + \$40 Club Fee Competitive

2017-2018 Executive: The club executive is not limited to the positions listed. Feel free to make adjustments if necessary.

President (or coach): _____
Name Email address Phone

Vice President: _____
Name Email address Phone

Secretary: _____
Name Email address Phone

Treasurer: _____
Name Email address Phone

Safety Officer: _____
Name Email address Phone

Other Officers: _____
Name Email address Phone

Other Officers: _____
Name Email address Phone

4. **Club Roster:**

Please include a club roster with participant names and student numbers.

5. **Club Status: (if applicable)** All clubs start out as a Tier 5(recreational club). To apply for Tier 4 (competitive) status you must meet the following criteria (please check all that apply to you): Based on the information below you will be contacted by the clubs coordinator to discuss a change in status.

- The club must have been a sanctioned recreational club with Athletics and Recreation for 2 years and have met all of the requirements and obligations of ongoing sanctioning during that time
- The club has a membership of at least 10 active student members and has seen growth in membership during that time period
- The club has completed two successful fundraising activities during that time period
- The club must have demonstrated proper fiscal management and maintained a positive budget scenario
- The sport in which the club would participate, must have established competitive opportunities locally and regionally at a minimum
- The club meets eligibility requirements of their competitive sport league, where applicable.
- The sport in which the club would compete must have a recognized provincial sport governing body
- The club provides a continuum of participant opportunities from beginner to advanced

Do you meet all criteria above and wish to apply for competitive status (Tier 4)?

(Please circle)

YES

NO

6. Projected Schedule of Events for 2017-18:

Please provide an annual calendar showing start and end dates, membership drives, fundraising events, competitions, etc. Please include proposed or committed events or competitions (please indicate if a commitment has been made to the event or competition).

7. Facility Requirements:

Please indicate the times that your club sessions were held in 2017-18 (If applicable) and in what facility. Provide an estimate of average attendance at your sessions.

Please indicate your 2017-18 facility requirements. Provide a first and second choice for your sessions. Clubs will be allocated a **maximum of 4 hours per week**.

Days and time of sessions (show start and end times and dates):

Facility:

Stadium:

Gym

Field

Multi-purpose Room

Athletic Complex:

Full Gym

1 Court Gym

Full Pool

Deep or Shallow Pool

Multi-purpose Room

Studio

Alumni Field:

Other, if not available on campus: Please specify facility name/type and specifications:

Equipment Requirements (Please specify):

8. Budget/Finances

Please use the budget form to project revenue and expenses for 2017-2018 year. Provide specific details in the “notes” on actual and anticipated sources of revenue and expenditures.

Athletic Clubs Budget 2017-2018

| | | | |
|------------------|--|-----------------|--|
| Club Name: | | Date Submitted: | |
| President Name: | | Reviewed By: | |
| President Email: | | Date Approved: | |
| President Phone: | | Last Updated: | |

| | Budget | Approved Budget | Actual |
|--|--------|-----------------|--------|
|--|--------|-----------------|--------|

REVENUE

| | | | |
|---|---------------|---------------|---------------|
| Approved Operating Budget* | | | |
| Club Generated Roll-Over 2016-2017 | | | |
| Admissions, Ticket Sales, Entrance Fees | | | |
| Donations, Fundraising | | | |
| Sponsorship | | | |
| Other Revenue | | | |
| | | | |
| | | | |
| Total Revenue | \$0.00 | \$0.00 | \$0.00 |

EXPENSES

| | | | |
|--|--|--|--|
| Donations to Charity | | | |
| Supplies, Printing, Postage, Shipping | | | |
| Rentals, Equipment, Facilities, Physical Resources | | | |

| | | | |
|---|---------------|---------------|---------------|
| Food, Catering | | | |
| Meetings, Training, Conferences, Speaker Gifts | | | |
| Travel, Accommodations | | | |
| Media, Technology, Website | | | |
| Clothing | | | |
| Other Expenses | | | |
| | | | |
| | | | |
| | | | |
| Total Expenses | \$0.00 | \$0.00 | \$0.00 |
| REVENUE LESS EXPENSES** | \$0.00 | \$0.00 | \$0.00 |

Please submit completed forms to The Camps, Aquatics & Clubs Coordinator electronically.

Applications for the Fall Term are due no later than Friday, *September 21th* by 5:00 pm.