

Christopher Newport University
Office of Recreational Services
Sport Clubs
-Officer Information Form-

By signing this form I am allowed access to financial information, can make deposits, request reimbursements, and turn in invoices.

(Please print the names of club officers and their contact information below):

Title-

Name: _____ Signature: _____
(Last) (First) (M.I.)

Phone: _____

Alternate Phone: _____

Email: _____

Title-

Name: _____ Signature: _____
(Last) (First) (M.I.)

Phone: _____

Alternate Phone: _____

Email: _____

Title:

Name: _____ Signature: _____
(Last) (First) (M.I.)

Phone: _____

Alternate Phone: _____

Email: _____

Title-

Name: _____ Signature: _____
(Last) (First) (M.I.)

Phone: _____

Alternate Phone: _____

Email: _____

(If there are additional positions or sub-committees within your club, please list them on your website but they are not needed by the Office of Recreational Services unless they will be involved with purchasing.)