

Fall 20\_\_\_\_

Spring 20\_\_\_\_



**Ole Miss**  
**Campus Recreation**

# Sport Club Officer's Report

Team: \_\_\_\_\_

Team Website: \_\_\_\_\_

## OFFICER 1: PRESIDENT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Ole Miss ID#: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ @ olemiss.edu

Authorized to receive reimbursements      Yes      No

## OFFICER 2: TREASURER

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Ole Miss ID#: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ @ olemiss.edu

Authorized to receive reimbursements      Yes      No

## FACULTY ADVISOR

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Ole Miss ID#: \_\_\_\_\_ Phone number: \_\_\_\_\_

Campus Mailing address: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ olemiss.edu

\*All Clubs must have a minimum of two officers and a Faculty Advisor

\*\*Only **TWO (2)** officers are allowed authorization to receive reimbursements

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**OFFICER 3:** \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Ole Miss ID#: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ @ olemiss.edu

Authorized to receive reimbursements      Yes      No

**OFFICER 4:** \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Ole Miss ID#: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ @ olemiss.edu

Authorized to receive reimbursements      Yes      No

**OFFICER 5:** \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Ole Miss ID#: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ @ olemiss.edu

Authorized to receive reimbursements      Yes      No

**COACH/INSTRUCTOR:** \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Ole Miss ID#: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_