

IOWA STATE SPORT CLUBS – SUPPORT OF OTHER CLUBS REPORT FORM

Club:	
Member Completing Form:	Officer Position:
Officer Phone #:E-n	nail:
Name of Fellow Sport Club Supported:	
Date(s) Supported:Tim	ne(s) Supported:
*Signature:	Date:
*I verify that the information I am providing is accurate in regards to my club supporting another Sport Club	
Total number of club members who attended:	
Total time attending event:	
Comments/details on Sport Club event your club attended:	
What was the result/outcome of the event?	
Other Sport Club Contact (print name):	
Email:	Phone: ()
*Signaturo	Date

^{*}I verify the above information is accurate in regards to this peer Sport Club supporting us at this event