Salisbury University
Campus Recreation Department
Sport Clubs Special Request

Club Name: ________________________________ Date of Request: ________________________________

Contact: ___________________________ Phone No.: _______________ E-Mail: _______________

Contact: ___________________________ Phone No.: _______________ E-Mail: _______________

**Each club may make one request for supplemental funding each academic year.** It is advisable that you provide accurate information to the Sport Clubs Council. This includes exact mileage or cost of transportation, lodging costs, etc. If you are requesting a specific piece of equipment, please provide a copy of a catalog that contains the item. **Your ability to provide detailed information will impact the Council’s decision for funding.**

Total Amount of Request $ __________

Total funds obtained through fundraising efforts this year $ __________

Total funds obtained through donations this year $ __________

Please describe the purpose of this request.
________________________________________________________________________________________
________________________________________________________________________________________

Describe the fundraising activities your club has completed this year.
________________________________________________________________________________________
________________________________________________________________________________________

Describe the fundraising activities your club still has planned.
________________________________________________________________________________________
________________________________________________________________________________________

What has your club done to control costs this year?
________________________________________________________________________________________
________________________________________________________________________________________