## Team/Club details

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| --- | --- |
| Name of Team/Club | Team Name |
| Campus location | Choose an item. |
| Team/Club Email | CluborSoc@domain.co.uk |

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| --- |
| What sport or activity are you doing? |
| Click here to enter text. |

Club team bank details (if needed)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bank Name: | Bank Name | Account No: | 00000000 | Sort Code: | 00-00-00 |

## Your Committee

|  |  |  |
| --- | --- | --- |
| All clubs should have three key members, Captain (leadership), secretary (organisation) and treasurer (funding). Other positions may include a Social Activities Convenor or a first year rep. | | |
| Position | Name | Student number |
| Captain | Firstname Lastname | S000000000 |
| Secretary | Firstname Lastname | S000000000 |
| Treasurer | Firstname Lastname | S000000000 |
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| --- | --- | --- | --- | --- | --- | --- |
| What Activities or Events are doing this year? | | | | | | |
| What activities do you have planned for this year? Fundraising, campaigns, activities, talks  Click here to enter text. | | | | | | |
| Are you affiliated to other groups? | | | | | | |
| National governing bodies etc  Click here to enter text. | | | | | | |
| Do you have a facility or venue for training? | | | | | | |
| Please provide details for location, hire costs  Click here to enter text. | | | | | | |
| Training and meets | | | | | | |
| Please provide days and time of training and meets | | | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| 00:00 - 00:00 | 00:00 - 00:00 | 00:00 - 00:00 | 00:00 - 00:00 | 00:00 - 00:00 | 00:00 - 00:00 | 00:00 - 00:00 |

## Additional information

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| When do you meet? Do you have social media accounts? If you have a logo please provide details and upload artwork with this form.  Click here to enter text. |

|  |  |  |  |
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| Checklist | |  |  |
|  | Completed this Affiliation form | This form will be reviewed by the SRUCSA Executive at their next meeting. You will be notified by email of the result. | |
|  | Completed Constitution |
|  | Completed optional Funding form |

|  |  |
| --- | --- |
| For SRUCSA use only |  |
| Date Received: DD/MM/YYYY | Date of Exec Meeting: DD/MM/YYYY |
| Approved: DD/MM/YYYY | Affiliated: DD/MM/YYYY |