Sacred Heart University

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Club Name:	Semester:	
Club Advisor:	Phone:	
Club/Organization Meetings		
Meeting Day:	Time:	Location:
Club Members		

Members	Name			Class	ass Year		
		ex.) 0123456	Fr	So	Jr	Sr	
President							
V. President							
Secretary							
Treasurer							
Member 5							
Member 6							
Member 7							
Member 8							
Member 9							
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Member 40			

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I hereby submit this roster form for approval by the Director of Stuc Council of Clubs and Organizations. Above is a complete list of ou semester. The information on this roster is correct and up to date.	
(Club President)	(Date)
(Club Advisor)	(Date)
(Vice President of CCO)	(Date)
(Director of Student Activities)	(Date)

Sacred Heart University, Student Activities Office, Phone: (203) 365-7675