

Campus Recreation Sports Club Program

Special Allocation Request Form

Sport Club: _____ **Date of Request:** _____

Sport Club President Name President Signature Phone Number Date

Sport Club Treasurer Name Treasurer Signature Phone Number Date

Sport Club Advisor Name Advisor Signature Phone Number Date

INSTRUCTIONS

Please type or print the requested information into the following spaces and submit them to the Campus Recreation Office at least 1 week prior to the next scheduled Sport Club Council Meeting. The maximum amount permitted to be requested for a Special Allocation Request from the SCC by a registered SF State Sport Club is \$250.00.

Amount Being Requested: _____

Reason for Request:

For Office Use Only:

Received by: _____ Date Reviewed by SCC: _____

Approved Not Approved Amount: _____

SCC Representative Signature

Sport Club Coordinator Signature