SUNY NEW PALTZ WELLNESS & RECREATION

CLUB SPORTS ~ STATE UNIVERSITY OF NEW YORK AT NEW PALTZ
LEAGUE INFORMATION FORM

Name of Club: _____ Term:_____

Name of Organization: _____

Organization website: _____

Name of league your team is in: _____

Contact person from league: _____

Contact phone number: _____

League/Memberships dues: $_____

Dates of season: _____

1. Does the governing body make up your schedule: Yes / No

2. Does the governing body schedule officials? Yes / No

3. Does the governing body host regional or national tournaments? Yes/No

If yes, please list dates and locations:

Please list other schools in league (if available):

Name of School	Club President	Phone #	Email