

# The College of Wooster



## Club Sports Competition Registration

Name of Organization: \_\_\_\_\_

When will the event be held: \_\_\_\_\_

Where will the event be held: \_\_\_\_\_

Have you reserved space and if so, which space: \_\_\_\_\_

Who will be playing at this competition: \_\_\_\_\_

Have they completed a waiver and other required forms from their school?

Yes     No

What steps are being taken to ensure safety: \_\_\_\_\_

Will there be someone to officiate the competition:

Yes     No

\_\_\_\_\_  
President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date