



Student Group/Athletic Club Information Form

Proposed Group/Club Name:

We agree to operate our club/society respectfully as outlined in Mohawk College's Recognized Student Group Manual and employ proper practices in all activities. We also agree to operate within the Student Code of Conduct.

Primary Contact:

_____	_____	_____
Name	Signature	Email
_____	_____	_____
Phone (cell)		Student Number

_____	_____	_____
Name	Signature	Email

_____	_____	_____
Name	Signature	Email

_____	_____	_____
Name	Signature	Email

_____	_____	_____
Name	Signature	Email

Faculty or Staff Advisor:

Name: _____	Signature: _____	Email: _____
-------------	------------------	--------------

Faculty Advisor will be responsible for booking College space (classrooms) through the Scheduling Dept.

Received by: _____ Date: _____

Acknowledgement Signature: _____

SUMMARY OF GROUP/CLUB

Group/Club Name:

Please complete the following information. Use additional sheets if necessary.

PURPOSE:

Outline the purpose of your group and the plan of operation.

ACTIVITIES:

Outline some of the activities that your group is planning.

Note: Applications are reviewed weekly and you will be notified via email of any questions. Your application is good for one semester only, and must be re-submitted each semester. Please return your application form to R105. Email matthew.schnarr@mohawkcollege.ca for any questions.