Texas A&M University – Corpus Christi Sport Clubs
Team Contact Form

Date: ____________________  Club: ____________________

Club E-mail: ____________________

Club Website: ____________________

Officers:

President: ____________________  Cell Phone: ________________
E-mail: ____________________

Vice-President: ________________  Cell Phone: ________________
E-mail: ____________________

Treasurer: ____________________  Cell Phone: ________________
E-mail: ____________________

Other Officer: ________________  Cell Phone: ________________
E-mail: ____________________

Other Officer: ________________  Cell Phone: ________________
E-mail: ____________________

Advisor
Name: ____________________  Phone: ________________
E-mail: ____________________

Coaches:

Name: ____________________  Phone: ________________
E-mail: ____________________

Name: ____________________  Phone: ________________
E-mail: ____________________

Please attach additional sheet for extra officers/coaches. This form is due to the Sport Clubs office by September 25 for Fall semester and January 31 for Spring semester or within 10 days of any changes.