



# UNIVERSITY RECREATION

## University of West Georgia Club Sports SEMESTER SCHEDULE

Club Name: \_\_\_\_\_ Date: \_\_\_\_\_ Semester: \_\_\_\_\_

Submitting Person: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Our Club does not practice or compete during this Semester.

### Event Schedule

Event/Opponent	Date	Time	Location

### Practice Request

Day	Time Requested	Facility Requested
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

#### Office Use Only

Date Received: \_\_\_\_\_

Has this form been added to the full event schedule on the share drive? \_\_\_\_\_

Signature of UREC Staff: \_\_\_\_\_