



Local Sports Club Approval Form

This form must be completed if an SDA staff member is involved in any way with a local sports club.

Name of club: _____

Name of club director: _____

Required membership dues (attach fee schedule if necessary): _____

Club address: _____

Street City State Zip

List all prospect members of the local sports club:

| Name | Grade | Address | Distance from Campus (Miles) | Membership Paid (\$)* |
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Attach additional pages if necessary.

** Provide detailed description with policy if discounting.*

By signing below, I affirm that the above responses are complete and truthful to the best of my knowledge.

Staff Member Signature

Date

Compliance Office Signature

Date