

**Salisbury University**  
**Campus Recreation Department**  
*Sport Clubs Special Request*

**Club Name:** \_\_\_\_\_ **Date of Request:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**\*\*Each club may make one request for supplemental funding each academic year.** It is advisable that you provide accurate information to the Sport Clubs Council. This includes exact mileage or cost of transportation, lodging costs, etc. If you are requesting a specific piece of equipment, please provide a copy of a catalog that contains the item. **Your ability to provide detailed information will impact the Council's decision for funding.**

**Total Amount of Request** \$ \_\_\_\_\_

Total funds obtained through fundraising efforts this year \$ \_\_\_\_\_

Total funds obtained through donations this year \$ \_\_\_\_\_

**Please describe the purpose of this request.**

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**Describe the fundraising activities your club has completed this year.**

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**Describe the fundraising activities your club still has planned.**

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**What has your club done to control costs this year?**

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