

**Indiana University of Pennsylvania**

**Center for Health and Well-Being**

**CLUB SPORT SCHEDULE FORM**

Club: \_\_\_\_\_ Year \_\_\_\_\_ Season \_\_\_\_\_

Date	Opponent	Site	Time	Departure	Return	# Traveling

Click here to submit this form to the Assistant Director of Recreation.

For office use only: Approval signature: _____ Date: _____
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**This form must be approved by the Assistant Director of Recreation prior to the beginning of the season.**