



Club Sports - Team Competition Schedule

Club Name: _____ Semester: _____ Year: _____

Please type or print neatly.

1. Date: _____ Event/Opponent: _____
Location: _____ Time: _____ a.m. p.m.
2. Date: _____ Event/Opponent: _____
Location: _____ Time: _____ a.m. p.m.
3. Date: _____ Event/Opponent: _____
Location: _____ Time: _____ a.m. p.m.
4. Date: _____ Event/Opponent: _____
Location: _____ Time: _____ a.m. p.m.
5. Date: _____ Event/Opponent: _____
Location: _____ Time: _____ a.m. p.m.
6. Date: _____ Event/Opponent: _____
Location: _____ Time: _____ a.m. p.m.
7. Date: _____ Event/Opponent: _____
Location: _____ Time: _____ a.m. p.m.
8. Date: _____ Event/Opponent: _____
Location: _____ Time: _____ a.m. p.m.
9. Date: _____ Event/Opponent: _____
Location: _____ Time: _____ a.m. p.m.
10. Date: _____ Event/Opponent: _____
Location: _____ Time: _____ a.m. p.m.

Please attach additional sheet if necessary. This form is to be completed and returned to the Club Sports Director by the first Friday of each semester (fall and spring). If there are any changes after submission, the changes will be provided to the Club Sports Director within 24 hours of the change.