Student Activities
Registered Student Organization (RSO) CONTACT SHEET

PLEASE PRINT CLEARLY

PLEASE CIRCLE TERM: FALL WINTER SPRING SUMMER

NAME OF STUDENT GROUP: _____

How many Coordinators are in your Group: _____

When does your group meet? Location / Time / Day: _____

NAME _____
LAST FIRST MIDDLE

TESC STUDENT A# _____

PHONE NUMBER (_____)_____ **PERMISSION TO RELEASE yes / no**

EMAIL _____ **PERMISSION TO RELEASE yes / no**

MAILING ADDRESS

_____
STREET ADDRESS/PO BOX APT/UNIT

_____
CITY STATE ZIP

STUDENT SIGNATURE _____

*****DO NOT WRITE BELOW THIS LINE******

START DATE of TERM _____ **END DATE of TERM** _____

NUMBER OF COORDINATORS FOR GROUP _____

BI-QUARTERLY LEADERSHIP LEARNING ALLOTMENT $ _____

SIGNATURE OF BUDGET AUTHORITY

Andy Corn X6425

ORG # _____ **ACCOUNT #** 6148 **DEPT #** 0714 ☐ ID ☐ I-9 ☐ W-4

LAST UPDATED JUNE 2009 ☐ GS ☐ EP ☐ FIN