



Advisor Acceptance Form

I, _____, serving as the Advisor for the _____ Club at Florida Gulf Coast University, recognize, understand and accept the responsibilities as outlined in the Sport Clubs Manual and Registered Student Organization Manual. I will carry out these duties and policies to the best of my ability. These duties include but are not limited to the following:

- Provide guidance and leadership, while not directing the club's activities
- Be knowledgeable of and help interpret the guidelines/procedures for Sport Clubs, and ensure that club members are informed of them
- Offer ideas and assist in the planning/review of the club's events
- Assist with developing the club's budget
- Assist the group with evaluation of past events and/or group structure
- Ensure the club abides by University policies and procedures

Campus Address: _____

Phone: _____ Fax: _____

Email: _____@fgcu.edu # of years working at FGCU: _____

I certify that I am a full-time **Faculty** or **Staff** member at Florida Gulf Coast University and have read the above acceptance form.

Advisor: _____
(Print Name) (Signature)

Position/Job Title: _____ Date: _____

To be completed by August 29, 2012 or before first date of practice and submitted to the Sport Clubs Office.