SPORT CLUB SEMESTER SCHEDULE

Sport Club Name _____ Semester & Year _____

Prepared by _____ Phone # _____ Email _____

COMPETITION / EVENT /TOURNAMENT SCHEDULE

DATE	OPPONENT/EVENT/ TOURNAMENT	LOCATION (CITY, STATE)	TIME

PRACTICE SCHEDULE

TIME (FROM)	TIME (TO)	DAY	LOCATION

For Sport Club Office Use Only:

Sport Clubs Coordinator:_____ Date: _____
(signature)