



# New Club Sport Application

1. Complete this application
2. Submit the application to [clubsports@kennesaw.edu](mailto:clubsports@kennesaw.edu)
3. The applicant shall meet the following criteria:
  - o Must have a minimum of ten interested enrolled students.
  - o It shall NOT duplicate the style of an existing club sport at Kennesaw State University
  - o It shall not conflict with other program(s) offered within the Department of Sports and Recreation at Kennesaw University
  - o It shall have reasonable method of competition.
    - f Use of National Governing Body is strongly encouraged.
  - o It shall be financially practical to start and sustain over time
  - o It shall be safe and practical to conduct the activity to practice in order to compete.
4. Club Sports are not required to become Registered Student Organizations on campus. Therefore, the Club Sports Staff at Kennesaw State University will be approving or denying the request
5. The Club Sports Staff will request a meeting with the interested students to review the application.
6. The review meeting will be held by the Club Sports Staff the last Thursday of each month.

applicant(s) will receive an email notice with an outcome letter confirming the status of the request

- a. If the request is denied, the applicant(s) can submit an appeal one week from receiving the official notice. The applicant(s) are to submit the written appeal to [clubsports@kennesaw.edu](mailto:clubsports@kennesaw.edu)
9. If the request is approved, the applicant(s) will need to complete the team packet form which requires the completion of bylaws and provide certification of two CPR certified officers to become fully activated.
10. Once the applicant(s) becomes activated, the group will need to maintain the outlined requirements to avoid possible reclassification or removal.

NOTE: Please review the Club Sports Handbook to learn more about the appeals process and the full program procedures. The handbook can be found here [Club Sports Handbook](#)



Name of Primary Applicant: \_\_\_\_\_

KSU Email: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Student Status: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Grad \_\_\_\_\_

What is the proposed name for this request? \_\_\_\_\_

What is the type of membership for this request? Co-Ed \_\_\_\_\_ Men \_\_\_\_\_ Women \_\_\_\_\_

Please describe the proposed activity for this request

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What is the purpose for this request?

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Please complete the full information below of the inte