

PSR Student Group Registration Form

PLEASE DROP OFF either at

Community Life Office, 2nd Floor, Holbrook

OR

Community Life Mailbox at the PSR Front Desk

Please fill this form out completely in order to register your Student Group. This form needs to be turned into the Office of Community Life in order for your group to be recognized and for it to be eligible for grants from the Community Association of PSR (CAPSR) Council.

ACADEMIC YEAR: _____

STUDENT GROUP'S NAME: _____

PURPOSE/MISSION STATEMENT: _____

MEETINGS: *[In general terms, state when meetings will be held and the time, place, etc.]*

CONTACT INFORMATION: *[for example Officers, Moderator, Treasurer, or Convener]*

PRIMARY CONTACT: Name: _____

Phone: _____ PSR Box #: _____

Email: _____

SECONDARY CONTACT: Name: _____

Phone: _____ PSR Box #: _____

Email: _____

DATE RECEIVED BY THE OFFICE OF COMMUNITY LIFE: _____