



**NEW CLUB OFFICERS
AND RULES, REGULATIONS & PROCEDURES
FOR CHARTERED CLUB AFFIRMATION REPORT**

Form CR-5

DUE DATE: Annually or 14 days of taking Office
RETURN TO: Recreation Activities Manager

CLUB NAME:		
LOCATION:		DATE:
President (PRINT)		Rec Card No.
Telephone:	Email:	
*SIGNATURE:		
Vice President (PRINT)		Rec Card No.
Telephone:	Email:	
*SIGNATURE:		
Secretary (PRINT)		Rec Card No.
Telephone:	Email:	
*SIGNATURE:		
Treasurer (PRINT)		Rec Card No.
Telephone:	Email:	
*SIGNATURE:		
Content Manager:		Rec Card No.
	Email:	
Club Track Contact:		Rec Card No.
	Email:	
Term of Office for above Officers is FROM _____ TO _____		
*We the above signed officer(s) have read and understand the Rules, Regulations, and Procedures for Chartered Clubs in the Recreation Centers of Sun City West, Inc. and will abide by them.		
Club's Official Mailing Address		
Street:		
City, State, ZIP:		
SUBMITTED BY:	TITLE:	DATE: