

# Club Sports Leadership Workshop Verification Form

## Student Information:

Name: \_\_\_\_\_ Club: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Semester: \_\_\_\_\_

## Student Leadership Institute Information:

Workshop Title: \_\_\_\_\_ Date: \_\_\_\_\_

Speaker(s) or Event Leader(s): \_\_\_\_\_

Topics Covered: \_\_\_\_\_

**Speaker's Signature:** \_\_\_\_\_

**Response** *(This information **MUST** be completed immediately after the workshop & returned to the Club Sports Office within 1 week of the workshop.)*

Briefly summarize the workshop you attended.

How did this workshop apply to your position as an officer or assist in your professional development?

Comments:

