



UNT Sport Clubs Program Sport Club Observation Form

Date:	Time:
Length of Observation:	Club:
# of Participants: UNT _____ OPP _____	# of Spectators:

Type of Activity:

Practice: _____ Game: _____

Organization:

Excellent: _____ Good: _____ Fair: _____ Poor: _____

Leadership Provided By: _____

Safety Checklist Completed?	Yes	No
Was the Activity supervised?		
Was there instruction?		
Was there a need for consultation with the student leader?		
Were there any incidents or problems?		

Comments:

Signature of person observing

Title