



UDC Competition Cup Verification Form

Please circle the appropriate area:

Academic Athletic Career Development Community Service Personal Development

Sport: _____

Program Day/Date: _____ Program Time: _____

Program Location: _____

Program Title: _____

Program Sponsor/Contact: _____

What is the purpose of the program? _____

Please list Team Members in Attendance (attach a separate sheet if necessary):

- | | | |
|----|-----|-----|
| 1. | 6. | 11. |
| 2. | 7. | 12. |
| 3. | 8. | 13. |
| 4. | 9. | 14. |
| 5. | 10. | 15. |

Submitted by: _____
(please print)

Date: _____

Signature: _____



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Department of Intercollegiate Athletics

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