



Club Annual Report 2011 - 2012

The Students' Association of Mount Royal University requires that all ratified clubs complete an Annual Report each April. Annual Reports are to be handed in to the Club Coordinator, office Z304, 3rd Floor Wyckham House.

If this annual report is not returned by Wednesday April 18, 2012, the club will not be eligible for re-ratification in the fall.

Name of Club: _____

Club Email Address: _____

Web Page Address: _____

Approximate # of active members: _____

Incoming President's Name: _____

Phone Number: _____

Home Address: _____

Email Address: _____

Will the President be available as a contact during summer 2012? yes no

If no, alternate contact name: _____

Phone Number: _____ Email: _____

Name of person submitting report: _____

Phone Number: _____ Email: _____

Membership Fee: \$ _____ Membership Term: _____

Date of Club Election: _____

Transition date for Club Executive: _____

Will your club be active over the summer? yes no

The personal information collected on this form will be used to administer and manage Students Association programs and services, and to maintain the Students Association records. This information will be protected by the provisions of the *Personal Information and Protection Act* and can be reviewed during normal business hours upon request. Information may be disclosed to third parties in order to meet specific contractual and legislative requirements required to deliver services you have requested. We treat your personal information with care and respect, and use it to improve our services to you.

Executive Officers

Outgoing Executive

Please list all of the executive members from the 2011-2012 school year (this is likely all your signing authorities).

Name	Position	Phone #	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Incoming Executive

Please list all of the new executive members for the 2012-2013 school year, if known.

Name	Position	Phone #	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Students' Association Key Contact

Please choose one of the incoming executive members to be the main contact with the Students' Association Clubs Coordinator. This executive will be responsible for receiving SAMRU emails, passing on information, booking tables and rooms, and submitting Activity Approval Forms.

Name: _____ Position: _____

Email: _____

Phone number: _____

The personal information collected on this form will be used to administer and manage StudentsqAssociationq programs and services, and to maintain the StudentsqAssociationq records. This information will be protected by the provisions of the *Personal Information and Protection Act* and can be reviewed during normal business hours upon request. Information may be disclosed to third parties in order to meet specific contractual and legislative requirements required to deliver services you have requested. We treat your personal information with care and respect, and use it to improve our services to you.

Activities

Please list the activities/events that your club held during the 2011-2012 school year. Please include all activities, and attach more pages if necessary. Revenue and Expense amounts should be as accurate as possible.

Date(s): _____ Revenue: \$ _____

Nature of Activity: _____ Expenses: \$ _____

Location: _____

of club members in attendance: _____ # non-members: _____

Did you receive SAMRU funding? yes no If so, how much? \$ _____

Date(s): _____ Revenue: \$ _____

Nature of Activity: _____ Expenses: \$ _____

Location: _____

of club members in attendance: _____ # non-members: _____

Did you receive SAMRU funding? yes no If so, how much? \$ _____

Date(s): _____ Revenue: \$ _____

Nature of Activity: _____ Expenses: \$ _____

Location: _____

of club members in attendance: _____ # non-members: _____

Did you receive SAMRU funding? yes no If so, how much? \$ _____

Date(s): _____ Revenue: \$ _____

Nature of Activity: _____ Expenses: \$ _____

Location: _____

of club members in attendance: _____ # non-members: _____

Did you receive SAMRU funding? yes no If so, how much? \$ _____

The personal information collected on this form will be used to administer and manage StudentsqAssociation's programs and services, and to maintain the StudentsqAssociation's records. This information will be protected by the provisions of the *Personal Information and Protection Act* and can be reviewed during normal business hours upon request. Information may be disclosed to third parties in order to meet specific contractual and legislative requirements required to deliver services you have requested. We treat your personal information with care and respect, and use it to improve our services to you.

Date(s): _____ Revenue: \$ _____
Nature of Activity: _____ Expenses: \$ _____
Location: _____
of club members in attendance: _____ # non-members: _____
Did you receive SAMRU funding? yes no If so, how much? \$ _____

Date(s): _____ Revenue: \$ _____
Nature of Activity: _____ Expenses: \$ _____
Location: _____
of club members in attendance: _____ # non-members: _____
Did you receive SAMRU funding? yes no If so, how much? \$ _____

Date(s): _____ Revenue: \$ _____
Nature of Activity: _____ Expenses: \$ _____
Location: _____
of club members in attendance: _____ # non-members: _____
Did you receive SAMRU funding? yes no If so, how much? \$ _____

Date(s): _____ Revenue: \$ _____
Nature of Activity: _____ Expenses: \$ _____
Location: _____
of club members in attendance: _____ # non-members: _____
Did you receive SAMRU funding? yes no If so, how much? \$ _____

Date(s): _____ Revenue: \$ _____
Nature of Activity: _____ Expenses: \$ _____
Location: _____
of club members in attendance: _____ # non-members: _____
Did you receive SAMRU funding? yes no If so, how much? \$ _____

The personal information collected on this form will be used to administer and manage StudentsqAssociation's programs and services, and to maintain the StudentsqAssociation's records. This information will be protected by the provisions of the *Personal Information and Protection Act* and can be reviewed during normal business hours upon request. Information may be disclosed to third parties in order to meet specific contractual and legislative requirements required to deliver services you have requested. We treat your personal information with care and respect, and use it to improve our services to you.

Sponsorship / Fundraising

If you **received sponsorship** from any organizations including money or items, please list them. (If you know the value of the items received, please include that information).

If you **donated** anything to an organization, including money or items, please list them. (If you know the value of the items donated, please include that information).

Community Partnerships

If you have any community partnerships please list the organizations.

The personal information collected on this form will be used to administer and manage StudentsqAssociation's programs and services, and to maintain the StudentsqAssociation's records. This information will be protected by the provisions of the *Personal Information and Protection Act* and can be reviewed during normal business hours upon request. Information may be disclosed to third parties in order to meet specific contractual and legislative requirements required to deliver services you have requested. We treat your personal information with care and respect, and use it to improve our services to you.

Financial Statement

Income Statement

Revenue:

Type: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Revenue:	\$ _____

Expenses:

Type: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Expenses:	\$ _____

Total Revenue – Total Expenses = Net Profit (Loss): \$ _____

Cash Balance

Opening Cash Balance (May 1, 2011)		\$ _____
Total Revenue	+	\$ _____
Total Expenses	-	\$ _____
Ending Cash Balance (April 30, 2012)	=	\$ _____

Outstanding Items

Payables - money owed to:	amount \$	due date
_____	_____	_____
_____	_____	_____

Receivables - money owed by:	amount \$	due date
_____	_____	_____
_____	_____	_____

The personal information collected on this form will be used to administer and manage StudentsqAssociation's programs and services, and to maintain the StudentsqAssociation's records. This information will be protected by the provisions of the *Personal Information and Protection Act* and can be reviewed during normal business hours upon request. Information may be disclosed to third parties in order to meet specific contractual and legislative requirements required to deliver services you have requested. We treat your personal information with care and respect, and use it to improve our services to you.

CLUB SURVEY

Please have at least one executive from your club fill this out, or up to as many club members as you like. Any information provided on this survey will help the SAMRU support your club better. Answers will remain anonymous.

- 1. How and when did you first get involved with your club?**

- 2. If you attended club orientation, did it adequately train/prepare you for your executive or member role? Why or why not?**

- 3. If you did not attend club orientation, did the executive member pass on the relevant information?**

- 4. What were the positive aspects of your club experience?**

- 5. What were the negative aspects of your club experience?**

- 6. Did you feel adequately supported during your club activities? If so, why? If not, what would have improved the experience?**

- 7. Do you have any recommendations for how the SAMRU could improve services to clubs?**

- 8. Did you find the Clubs Coordinator helpful and supportive? If so, why? If not, what would have improved the interaction?**

The personal information collected on this form will be used to administer and manage StudentsqAssociation's programs and services, and to maintain the StudentsqAssociation's records. This information will be protected by the provisions of the *Personal Information and Protection Act* and can be reviewed during normal business hours upon request. Information may be disclosed to third parties in order to meet specific contractual and legislative requirements required to deliver services you have requested. We treat your personal information with care and respect, and use it to improve our services to you.

9. Did you feel a sense of belonging within your club? If so, what contributed to this feeling of belonging? If not, what were the barriers?

10. Did you feel a sense of belonging within the Student' Association? If so, what contributed to this feeling of belonging? If not, what were the barriers?

11. Did you feel adequately recognized and appreciated as an SA volunteer? What stands out in your mind as having made you feel appreciated and noticed?

12. What is the most important kind of appreciation/recognition for you? (IE. One-on-one, cards, parties, gifts, etc.)

13. Did you attend any of the professional development opportunities provided? If so, how many? If not, why not?

14. Did you find the professional development opportunities provided useful or relevant?

15. Would you recommend joining a club to other students?

16. Do you have any other feedback about clubs, volunteering, or any other aspect of your connection with the Students' Association?

The personal information collected on this form will be used to administer and manage StudentsqAssociationq programs and services, and to maintain the StudentsqAssociationq records. This information will be protected by the provisions of the *Personal Information and Protection Act* and can be reviewed during normal business hours upon request. Information may be disclosed to third parties in order to meet specific contractual and legislative requirements required to deliver services you have requested. We treat your personal information with care and respect, and use it to improve our services to you.