

**Office of Student Life**  
**End of the Year Report**

1902 N. Loop 499 | Harlingen, TX 78550 | 956.364.4304 | 1.800.852.8784 | www.harlingen.tstc.edu

**A. Club/Organization Name & Contact Information**

1. Full Name of Club/Organization and Acronym (Example: Student Government Association, SGA):

\_\_\_\_\_

2. Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. E-mail Address, if applicable: \_\_\_\_\_

4. Contact Number(s):

\_\_\_\_\_

\_\_\_\_\_

5. Affiliation(s) :

Local: \_\_\_\_\_

State: \_\_\_\_\_

National: \_\_\_\_\_

**B. Advisor(s) Information**

1. Advisor Contact Information:

Advisor Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Contact Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Co-Advisor Contact Information:**

Advisor Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Contact Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

## C. Officers Information

### **President**

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

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Program Major: \_\_\_\_\_

Information Release:    Yes            No

### **Vice-President**

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

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Program Major: \_\_\_\_\_

Information Release:    Yes            No

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### **Secretary**

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

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Program Major: \_\_\_\_\_

Information Release:    Yes            No

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### **Treasurer**

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

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Program Major: \_\_\_\_\_

Information Release:    Yes            No

**Parliamentarian**

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

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Program Major: \_\_\_\_\_

Information Release:    Yes            No

**Historian**

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

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Program Major: \_\_\_\_\_

Information Release:    Yes            No

**Additional Officer**

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

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Program Major: \_\_\_\_\_

Information Release:    Yes            No

**Additional Officer**

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

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Program Major: \_\_\_\_\_

Information Release:    Yes            No

**Additional Officer**

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

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Program Major: \_\_\_\_\_

Information Release:    Yes            No

**Additional Officer**

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

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Program Major: \_\_\_\_\_

Information Release:    Yes            No

## D. Membership Roster

1. Name: \_\_\_\_\_

Program: \_\_\_\_\_

E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_

Program: \_\_\_\_\_

E-mail: \_\_\_\_\_

3. Name: \_\_\_\_\_

Program: \_\_\_\_\_

E-mail: \_\_\_\_\_

4. Name: \_\_\_\_\_

Program: \_\_\_\_\_

E-mail: \_\_\_\_\_

5. Name: \_\_\_\_\_

Program: \_\_\_\_\_

E-mail: \_\_\_\_\_

6. Name: \_\_\_\_\_

Program: \_\_\_\_\_

E-mail: \_\_\_\_\_

7. Name: \_\_\_\_\_

Program: \_\_\_\_\_

E-mail: \_\_\_\_\_

8. Name: \_\_\_\_\_

Program: \_\_\_\_\_

E-mail: \_\_\_\_\_

9. Name: \_\_\_\_\_

Program: \_\_\_\_\_

E-mail: \_\_\_\_\_

10. Name: \_\_\_\_\_

Program: \_\_\_\_\_

E-mail: \_\_\_\_\_

11. Name: \_\_\_\_\_

Program: \_\_\_\_\_

E-mail: \_\_\_\_\_

12. Name: \_\_\_\_\_

Program: \_\_\_\_\_

E-mail: \_\_\_\_\_

13. Name: \_\_\_\_\_

Program: \_\_\_\_\_

E-mail: \_\_\_\_\_

14. Name: \_\_\_\_\_

Program: \_\_\_\_\_

E-mail: \_\_\_\_\_

15. Name: \_\_\_\_\_

Program: \_\_\_\_\_

E-mail: \_\_\_\_\_

16. Name: \_\_\_\_\_

Program: \_\_\_\_\_

E-mail: \_\_\_\_\_

17. Name: \_\_\_\_\_

Program: _____	E-mail: _____
18. Name: _____	
Program: _____	E-mail: _____
19. Name: _____	
Program: _____	E-mail: _____
20. Name: _____	
Program: _____	E-mail: _____
21. Name: _____	
Program: _____	E-mail: _____
22. Name: _____	
Program: _____	E-mail: _____
23. Name: _____	
Program: _____	E-mail: _____
24. Name: _____	
Program: _____	E-mail: _____
25. Name: _____	
Program: _____	E-mail: _____
26. Name: _____	
Program: _____	E-mail: _____
27. Name: _____	
Program: _____	E-mail: _____
28. Name: _____	
Program: _____	E-mail: _____
29. Name: _____	
Program: _____	E-mail: _____
30. Name: _____	
Program: _____	E-mail: _____
31. Name: _____	
Program: _____	E-mail: _____
32. Name: _____	
Program: _____	E-mail: _____
33. Name: _____	
Program: _____	E-mail: _____



(continue listing of meetings)

Meeting Date	Location
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**G. Financial Statements**

**Revenues (Including Membership Fees)**

Date	Source	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Revenues \$ \_\_\_\_\_



# Expenditures

Date	Name of Activity and Purpose	Amount

Total Expenditures \$ \_\_\_\_\_

Account Total (Revenues minus Expenditures) \$ \_\_\_\_\_

## Acknowledgement

I, \_\_\_\_\_, the undersigned, do hereby acknowledge that I am authorized by \_\_\_\_\_, a certified TSTC Harlingen student club/organization, to submit this required end-of-the-fiscal year financial report to the Office of Student Life and/or its appointed representative. I further acknowledge that all financial information contained herein is true and correct.

Print Office Holder's Name & Position \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Advisor's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Received on:	by: _____
Approved on:	by: _____