Office Use Only
Computer Entry Date: _____
Computer Entry Time: _____
Staff Initials: _____

Office Use Only
League Day/Time: _____
Division: _____ Amt. Paid: _____
Staff Initials: _____

INTRAMURAL TEAM ENTRY FORM

(PLEASE PRINT CLEARLY)

Team Name: Activity:

Captain: League: M W CR Division:

Local Address: Phone: - -

UWW E-mail: Date: / /

Team Captain:

This certifies that I, acting as team captain, had each and everyone of my team members, including myself, review the waiver statement on the back of this roster. Also, as team captain I understand that it is my responsibility to inform team members of all rules and regulations enforced by the Office of Recreation Sports and Facilities.

Captain's Signature: _____

RANK	
Staff	6
Grad	5
Sr.	4
Jr.	3
So.	2
Fr.	1

TEAM ROSTER

MAKE SURE ALL PLAYERS SIGN THE BACK OF THIS FORM!

8/8/2011

	Player's Name	Identification #	Gender M/F	Phone (include area code)	Rank	Office Use Only C	Office Use Only W
1				- -			
2				- -			
3				- -			
4				- -			
5				- -			
6				- -			
7				- -			
8				- -			
9				- -			
10				- -			
11				- -			
12				- -			
13				- -			
14				- -			
15				- -			
16				- -			
17				- -			
18				- -			