

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: <input type="text"/> <input type="text"/>
Local Address:		Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/>
UWW E-mail:		Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>

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!

12/22/2008

Gender

Office Use Only

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