

ADD/DELETE

2018 STATE OF WISCONSIN EXTRAMURAL TOURNAMENT ADDITION/DELETION FORM

	(PLEASE PI	RINT CLEARLY)			
Team Name:				(circle one) MEN WOMEN	
Institution:				Phone:	
Captain:				Date: / / /	
	<u> </u>		<u></u>		RANK
E-mail:					Staff 6
L maii.					Grad 5
TEAM ADDITIONS (must be made by 11:59pm on Thursday, March 8, 2018)					
		MAKE SURE ALI	L PLAYER	S SIGN BELOW!	So. 2
				(Ex:@uww.edu)	Fr. 1
	Player's Name	Identification #	M/F	University E-mail Address: @ .edu	Phone(include area code) Rank
'	riayei s Name	identification #	101/1	Onliversity L-mail Address Ledu	r none(include area code)
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2			1		
3					
4					
5					
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inherent risks tha include, but are n	at cannot be eliminated regard not limited to, the possibility of	less of the care taken to avoid inj physical injury, fatigue, bruises, o	juries. I ai contusion		
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