



TEAM ROSTER

2018 STATE OF WISCONSIN EXTRAMURAL TOURNAMENT TEAM ENTRY FORM

(PLEASE PRINT CLEARLY)

Team Name:

Institution:

Captain:

Address:

City/State/Zip:

E-mail:

(circle one) MEN WOMEN

Phone:

Date:

Payment (circle): University Check / Cashier's Check / Money Order / Cash

Does your campus use IM Leagues? (circle one) YES NO

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!

	Player's Name	Identification #	M/F	University E-mail Address: @ <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table> .edu	Phone(include area code)	Rank
1	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>
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**I verify that the individuals listed above are currently enrolled students or presently employed faculty/staff members of our instituituin, are all members of the same instituiton, are not current members of the varsity basketball team or were not members the preceding academic year (including red-shirts), and have not played professional basketball at any time!*

Intramural Director (Please Print) _____ Date _____ Intramural Director Signature _____

IM Director's Phone Number