GSC
INTRAMURAL SPORTS
Team Entry Form
(Please fill form out completely)

Team Name_____

Captain_____

E-mail_____

Phone #_____

Event_____

League: (circle one) Student Faculty/Staff

Division: (circle one) Men Women Co-Rec

Season: (circle one) Fall Spring

Preferred Time(s) of Play: _____/_____

Preferred Day(s) of Play: Sun. Mon. Thurs.

ATTENTION CAPTAINS (Please read the Following)
THIS ROSTER MUST BE RETURNED TO THE FITNESS CENTER, PRIOR TO THE ENTRY DEADLINE

THIS ROSTER MUST CONTAIN THE NAMES, ID NUMBER, PHONE NUMBER, CLASS STATUS FROM AT LEAST THE MINIMUM NUMBER OF PLAYERS REQUIRED TO BEGIN THE GAME

ROSTER CHANGES:
LEAGUE PLAY: CHANGES MUST BE MADE PRIOR TO THE LAST REGULAR SEASON GAME. **NO EXCEPTIONS!!!!!!!!**
TOURNAMENT PLAY: TEAMS CAN MAKE CHANGES BEFORE THE SEMI-FINAL GAME

ELIGIBILTY:
PARTICIPANTS MAY PLAY ON A MAXIMUM OF ONE CO-REC AND ONE MALE OR FEMALE TEAM AT A TIME
PARTICIPANTS MUST BE STUDENTS OR FACULTY/STAFF AT THE TIME OF THE EVENT
FOR FURTHER ELIGIBILTY SEE THE IM HANDBOOK OR CONTACT THE STUDENT PROGRAMMING COORDINATOR AT EXT.7411 OR 6149

Print Name	ID Number	Phone Number	E-mail	Class Status Fr So Jr Sr F/S