



INTRAMURALS

# FALL 3-ON-3 BASKETBALL

## ENTRY FORM

<b>1</b>	<b>TEAM INFORMATION</b>	
	<b>NAME</b>	

<b>2</b>	<b>ENTRY TYPE (CHOOSE ONE)</b>	
	<input type="checkbox"/> Team: \$50	

<b>3</b>	<b>PAYMENT METHOD</b>			
	<input type="checkbox"/> MC/VISA/Discover	<input type="checkbox"/> Cash	<input type="checkbox"/> Check #	<input type="checkbox"/> Transfer Voucher #

<b>4</b>	<b>DIVISION (CHOOSE ONE)</b>		
	<input type="checkbox"/> Co-Recreation A	<input type="checkbox"/> Fraternity A	<input type="checkbox"/> Graduate Faculty Staff A
	<input type="checkbox"/> Independent Men A	<input type="checkbox"/> Independent Men B	<input type="checkbox"/> Independent Women A
	<input type="checkbox"/> Residence Hall A		

<b>MY TEAM IS COMPETING FOR THE ALL-YEAR CHAMPIONSHIP (CIRCLE ONE):</b>	
YES -or- NO	

<b>5</b>	<b>INFORMATION</b>	
	Name	
	Address	
	City State ZIP	
	Local Phone	
	E-Mail Address	
	<p>By my signature, I agree to operate my team within the established rules of the Intramural Sports Program, including attending any mandatory meetings; to obtain the rules, policies, and procedures and to review them with my team; and to inform my team of its regular-season and playoff schedules.</p> <p style="text-align: center;"><b>SIGNATURE</b> _____</p>	

<b>6</b>	<b>ROSTER INFORMATION</b>

<b>VALIDATION AREA FOR OFFICE USE ONLY</b>
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